BALTIMORE, MARYLAND 21

retai	5 sh		notif
y be	age		pe
9 ша	tor,		nust
age	direc		10
th. P	neral		E
dea	e fur	-	еха
afte	by th	mova	ica
SUNC	U P	or re	med
	THIS I	don,	the
ithin	letely	еша	H,
w pe	gmo	ज्ञं ल	64
aecut	and c	buni	atic
Pe e	lan :	or to	TUE
cate	physic	e pri	er tr
Sertif	ing !	ygien	to to
ath	rttend	tal H	10 '
he de	the a	Men	F
hat t	1 64	and	shows any injury, o
res t	igne	ealth	53
requi	S Had	of H	Shov
WE	as be	Dept.	23
The	ate h	late [ше
NAN:	rtific	he Si	0r 1
-tySic	iis ce	rith th	ed,
1G P	ter th	ath w	nark
NDIN	R: Af	or de	8
AITE	000	s afte	28
OR	DIRE	hour	пец
TAL	RAL	172	= 2
HOSE	FUNE	within	IAN
THE I	Ή	Sled 1	ORT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within within the safer death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 siv	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notif

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. SOCIAL SECURITY MUMBER 218 - 32 - 32 15 1. Set 2	(Orack Oray	IAN: To the best of my knowledge: On the beals of exemination and							d menner as stated
4. SOCIAL SECURITY NUMBER 23 2.15 5.5 EX. B. AGE (50 yrs. hard brithology of 10 of 1	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — A building, atc. (Specify)			2 NO			Rural Route	Number,
8. SOLAL SECURITY NUMBER 21 8 - 32 - 32 15 Su 2	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF INJURY	28c. INJURY / WORK?	AT		NJURY OCCU	REO	
4. SOLAL SECURITY NAMEER 2.0 A SEX 1.0 M 2 M P 88 VRS. 88 VRS. 80	EXAMINER?			IER:				L	
4. SOLAL SECURITY NAMER 213 - 32 - 15	PART II. Other significant conditions	contributing to daeth but n	ot resulting in the	underlying cau	se given in f	PERFOR	RMED?	COL	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
1. BARTLA STATUS 1. MARTLA STATUS 1. MARTIAL STATUS 1. MARTHAL STA	that initiated events resulting in death) LAST								
4. SOCIAL SECURITY NUMBER 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 - 32 15 10 M 2 M F 218 - 32 M M	If any, lesding to immediate cause. Enter UNDERLYING	CUROM C	SEQUENCE OF):			,			
4. SOCAL SECURITY NUMBER 218-32-3215 1. M 2 S F 88 YRS. 6. AGE (in yrs. lest birtholey) 99. FACILITY NAME (if not institution, give airbert and number) PICKERSGILL PICKERSGILL RESIDENCE OF DECEDENT 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. STREET AND NUMBER 615 CHESTNUT AVE. 100. STREET AND NUMBER 615 CHESTNUT AVE. 101. ZIP CODE 102. ZIP CODE 103. WAS DECEDENT GROUNTY (Figure transform Indies 104. Divorced 105. CITY, TOWN OR LOCATION 106. STREET AND NUMBER 615 CHESTNUT AVE. 106. CITY, TOWN OR LOCATION 107. ZIP CODE 21204 109. CITIZEN OF WHAT COUNTRY U.S. A. 111. MARITAL STATUS 108. DECEDENT'S EDUCATION 109. FYES, QIVE WAR ORI DATES 109. DECEDENT'S EDUCATION 109. DECEDENT'S SUBLAL OCCUPPATION 109. WAS DECEDENT'S HAME (First, Mickins, Last) 109. DECEDENT'S AND NUMBER 109. DECEDENT'S SUBLAL OCCUPPATION 109. MARYLAND 100. SPORTS 1	Sequentially liet and date. 6.	CEREBIC	unscu	AR AC	CLDS	T MUC	706		6 WKS
4. SOCAL SECURITY MUNBER 218-32-3215 1	IMMEDIATE CAUSE (Final disease or condition	DEHYORA	Con						Onset and De
2. SOCIAL SECURITY NUMBER 2. 18 - 32 - 32 15 1									Approximate interval Between
4. SOCIAL SECURITY NUMBER 218-32-3215 5. SEX 1	21. SIGNATURE OF FUNERAL SERVICE LICE	Green TIT		HENRY	W.	JENKINS	& S(212
4. SOCIAL SECURITY NUMBER 218-32-3215 1	1 A Burial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	ral from Stata	OMOKE" C	TTY PR	ESBY.	9-10-91			
4. SOCIAL SECURITY NUMBER 213-32-3215 5. SEX 1 M 2 M F 88 VRS. 6. AGE (in yrs. lest birthdey) 88 VRS. 88 VRS. 6. AGE (in yrs. lest birthdey) 88 VRS. 88 VRS. 88 VRS. 88 VRS. 9b. CITY, TOWN OR LOCATION OF DEATH TOWSON 9c. COUNTY OF DEATH BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY MARYLAND 10b. COUNTY BALTIMORE 10c. CITY, TOWN OR LOCATION TOWSON 10d. INSIDE CITY WAS OF DECEDENT 10d. INSIDE CITY WAS OF DECEDENT 10d. INSIDE CITY WINTS? 1 VES 2 M N 10f. ZIP CODE 21204 10g. CITIZEN OF WHAT COUNTRY? U. S. A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 VES 2 M NO FORCES? 1 VES 2 M NO FORCES? 1 VES 2 M NO Specify Cuban, Mexican, Puerfo Rican, etc.) 15. DECEDENT'S EDUCATION (Give lind of work done during most of working line. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) UPTON LEE MITCHELL 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARGARET AUGUSTA SUDLER	CHARLES L.WHITT		601 KI	NGSTON	RD.,B	BALTIMORE	E,MD.	212	
4. SOCIAL SECURITY NUMBER 218-32-3215 1	011011	EE MITCHELI							R
4. SOCIAL SECURITY NUMBER 2 18 - 32 - 3215 1	1.2 17. FATHER'S NAME (First, Middle, Last)	2+	HOUSE		OTHER'S NAM			HOME	
4. SOCIAL SECURITY NUMBER 218-32-3215 S. SEX 1	(Specify only highest grade co	ompleted)	(Give kind of work do	ne during most of w	orking	16b. KIND OF BUS	SINESS/INDUS	TRY	
4. SOCIAL SECURITY NUMBER 218-32-3215 1	1 Never Married 2 Married	FORCES? 1 TYES 2	NO	If yes, specify (uban, Mexican,		militis a c	Specific	
4. SOCIAL SECURITY NUMBER 218-32-3215 S. SEX 1 M 2 M F 88 YRS. 6. AGE (In yrs. last birthday) 1 M 2 M F 88 YRS. 6. AGE (In yrs. last birthday) 1 MONTHS 1			ARMED	13 WAS DECEMBE			J	J.S.	Α.
4. SOCIAL SECURITY NUMBER 218-32-3215 1		LTIMORE		10f, ZIP ()N	10g. CITIZEN		YES 2 X NO
4. SOCIAL SECURITY NUMBER 218-32-3215 1 M 2 F	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOW		75011				. INSIDE CITY
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Ford Country) FUNDER 24 HRS. 7. DATE OF BIRTH 1. Days (Morth, Days Wear) 1. DAYS (Morth, Days Wear		et and number)	9b. C				9c. COUNTY	OF DEATH	
1 3-0-31 1 3.001						7. DATE OF BIRTH (Month, Day, Year)	8.	Country)	
1. DECEDENT'S NAME (First, Middle, Lest) ELIZABETH M. GORSUCH 2. DATE OF DEATH DAY YEAR 9:00P		ZABETH M.	GORSUCI	-1		MONTH DA	91	EAR	9:00P.

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

6701

N.

0

MD

BALT.

2120

.72

CHARLYS

OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within was after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
_			

	Middle, Last)		,						MONT	OF DEATH	DAY		YEAR	3. TIME OF DEATH
	HEODOR	` `			GLO				9		5		91	11:25 A
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In y	rs. last birthday)	IF UNDER	DAYS	IF UNDER	MIN.		OF BIRTH	r)		Country	
217-14-9311		1 XM 2 - F	73	YRS.		- SALE	noons	mart.	03	27	19	918	MAI	RYLAND
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	A LOCATI	ON OF DE	EATH			9c. COU	NTY OF OE	ATH
MERIDIAN NU		HOME SEV	ERNA I	PARK	SEV	ERNA	PAR	RK			P	ANNE	ARUI	NDEL
RESIDENCE OF DEC	10b. COUNT	v		10c CIT	Y, TOWN C	OR LOCAT	ION							10d. INSIDE CITY
1							1014							LIMITS?
MD 10e, STREET AND NUMBER	ANNE	ARUNDEL		LTIN	THIC									1 YES 2 NO
						101	ZIP COD							HAT COUNTRY?
825 FAIRVIE	N AVE.	Y					2109						S.A.	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS OECEDEN FORCES? 1	YES 2	B. ARMED						17 (Specify Rican, etc.		r No-	14. RACE Black,	- American Indian, White, etc.
3 🕅 Widowed 4 🗌 Divo	reed	IF YES, GIVE W	AR OR DATE	3				Specifi			•		Specif	
		WWII												WHITE
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)					during mo		ing	165	. KINO OF	BUSI	NESS/INC	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5		IIIe. Do NOT u										
8		NONE		OUTSIDE	MAC	HINI		_					STEE	,
17. FATHER'S NAME (First, Mi										Middle, Mai	iden St	urname)		
JOSEPH	GLOD	EK						ADEL						
19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street a	nd Numbe						Code)	
THEODORE GLO				6255					COLU	MBIA	, N	1D	21045	5
20a. METHOD OF DISPOSITI	ON 3 G Ram	oval from Stata	20b. Pt.	ACE OF DISPO	SITION (Na	ame of per	netery, crei	matory or		20c	LOCA	ATION —	City or Tox	rn, State
4 Donation 5 Other	(Specify)			DAR HII	L CE	EMETI	ERY			BR	00	KLYN	PAR	K, MD
21. SIGNATURE OF FIMERA	SERVICE LA	CENSER	1-					SS OF FA		*****	_			
>	1	(t	*							HOM				4D 21061
Sequentially list condition if any, leading to immediate. CAUSE (Disease or injuit that initiated events	disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other significa	nt condition	s contributing to	death but	not reaulting	in the ur	nderlyln) cause	given in	Part I.	24a. WAS PER 1 TYE	FORM	ED?	24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						26 PI	ACE OF I	DEATH (Ch	eck only o	pel	_			
25. WAS CASE REFERRED TO	MEDICAL		EDM-4-41	a pos	OTHE	A:								
EXAMINER?	D MEDICAL	HOSPITAL:			4 63 MUI		URY AT	asidence	a Othe	SCRIBE HO	Les Mer	III DY OC	CIDED	
EXAMINER? 1 YES 2 NO	O MEDICAL	1 Inpetient 2			IE OF				200, OE	QUINDE IIC	344 1140	John OC	COMED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	O MEDICAL Pending		INJURY	28b. Till	URY	WC	RK7	7 440						
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident	7.357	1 Inpetient 2 Inpe	INJURY ay, Year)	28b. Till	JURY M	1 🗆 '	/ES 2 [_ NO						
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6	Pending	26a. DATE OF (Month, D	INJURY ay, Year)	28b. Till	JURY M	1 🗆 '	/ES 2 [□ NO	28t. LOC City	CATION (Str. or Town, S	root an	d Numbe	or Rural R	oute Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Watural 5 2 Accident 3 Sutcide 6 4 Homicide 29a. CERTIFIER (Check only 1 FERT)	Pending Investigation Could not be determined INFYING PHYS	26a. DATE OF (Month, D) 26a. PLACE Of building, PLIAN: To the best of a	INJURY — etc. (Specify) my knowledgeamination ar	28b. Till IN. At home, farm,	street, fac	time, data	rES 2 (a, and dus	to the ca	or Town, S	mann	er as sta due to ti	ted. he cause(s)	oute Number, and manner as stated (Month, Day, Year)



1 - STATE REGISTRAR		(JERTIFI	ICATE O	F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH		3. TIME OF DEATH
	THOMAS	CARROL				Si	EPTEMBER	9, 199	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		MONTHS DAY			(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
217-09-3499	1 M 2 🗆 F	12	74 YRS.		- 1013A A		ebruary '		Maryland
9a. FACILITY NAME (If not institution, give				12174 10 10 10 10 10	N OR LOCATION O	F DEATH		9c. COUNTY	OF DEATH
619 Gittings Av	<u>e.</u>			Вg	ltimore				
10a, STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY
Maryland				Bal.	timore				LIMITS? 1 ¥ YES 2 □ NO
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
619 Gittings Av	e.				21212				USA
11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S	ARMED	13. WAS [ECENDENT OF HI	SPANIC C	ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.
1 Naver Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	ZINO		specify Cuban, M ES 2 NO S	oecity:	uanto Mican, atc.)		Specific
									White
15. DECEDENT'S EDI (Specify only highest gred	UCATION le completed)	16a.	(Give kind of v ille. Do NOT us	Work done during	TION most of working		16b. KIND OF BU	SINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5	+)					Da	المجامدا	
17. FATHER'S NAME (First, Middle, Last)			Eng	ineer			(First, Middle, Melden	ilroad	
Thomas William H	ionet				1,1-5-5	olin			
19a, INFORMANT'S NAME (Type/Print)	10131	Т	405 MAII INC	ADDRESS (C)			e Number, City or Tow		
Evelyn H. Doepke	2						on, Mary		21204
		20h BI A			cometery, cremator				or Town, Stata
20a, METHOD OF DISPOSITION X Burlal 2	moval from Stata	othe	r place)	,				-	, Maryland
21. SIGNATURE OF FUNERAL SERVICE L	JCEN96É	_ [Dult	ATICY VI	22. NAME	AND ADDRESS O	F FACILI	TY	IIIOITI UIII	, marytana
Amos?	Bures	illi.) ,	Mit	chell-W	iede	feld Hom	e, Inc	•
/ ames F. Bo	urnside,	ir	•	555	(A) M	اند (ا	The Table of the con-	0.4	
	· · · · ·	01.		1 000	U York	Ku.	Rg111110	re, Ma	. 21212
23. PART i. Enter the diseases, or shock, or heart feilure	complications the								, Approximate
shock, or heart feilure iMMEDIATE CAUSE (Final	complications the								
shock, or heart feilure	complications the List only one ca	dic	ina. Sofra	lnu					Approximata interval Between
shock, or heart feilure iMMEDIATE CAUSE (Final disesse or condition	complications the List only one ca		ina. Sofra	lnu					Approximata interval Between
shock, or heart feilure iMMEDIATE CAUSE (Final disesse or condition	a. Due To	OFF AS A COM	STOURNCE OF	lnu					Approximata interval Between
shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate	a. Due To	dic	STOURNCE OF	lnu					Approximata interval Between
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentlelly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Due το	OFF AS A CON	SEQUENCE OF	lnut antar the					Approximata interval Between
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	a. Due το	OFF AS A COM	SEQUENCE OF	lnut antar the					Approximata interval Between
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Due το	OFF AS A CON	SEQUENCE OF	lnut antar the					Approximata interval Between
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Due To	O OR AS A CON	SEQUENCE OF	not enter the	mode of dying,	each	Sca	AUTOPSY	Approximata interval Between
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentlelly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa reaulting in death) LAST	a. Due To	O OR AS A CON	SEQUENCE OF	not enter the	mode of dying,	each	a cardlec or reap	AUTOPSY RMED?	Approximate interval Between Onset and Death
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentlelly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa reaulting in death) LAST	a. Due To	O OR AS A CON	SEQUENCE OF	not enter the	mode of dying,	each	a cardlec or reap	AUTOPSY RMED?	Approximate interval Between Onset and Death Death Onset and Death Death Onset and Death
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentlelly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa reaulting in death) LAST	a. Due To	O OR AS A CON	SEQUENCE OF	not enter the	mode of dying,	each	a cardlec or reap	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentlelly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa reaulting in death) LAST	Due To	O OR AS A CON	SEQUENCE OF	not enter the	mode of dying,	n in Par	rt I. 24a. WAS AN PERFOL	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions are significant conditions.	a. Due To	O COR AS A CON	ine. SEQUENCE OF SEQUENCE OF THE SECUENCE OF	in the underly	ying cause give	n in Par	rt I. 24e. WAS AN PERFOI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO B. DUE TO B. DUE TO B. DUE TO C.	O COR AS A CON O COR AS A CON O COR AS A CON	ine. SEQUENCE OF SEQUENCE OF THE SEQUENCE OF	in the underly OTHER: 4 □ Nursing IAE OF 26c. JURY	ying cause give	n in Par	rt I. 24e. WAS AN PERFOI	I AUTOPSY RMED?	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events reaulting in death) LAST PART II. Other significent conditions are significent conditions. If the cause is the cause of the cause is the cause of the	DUE TO B. OUE TO B. OUE TO B. OUE TO B. OUE TO C. DUE TO C.	O (OR AS A COM O (OR	SEQUENCE OF SEQUENCE OF THE SE	in the undering the August Aug	Ing cause give	n in Par	rt I. 24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED?	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa reaulting in deeth) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C.	O (OR AS A CON O (OR	SEQUENCE OF SEQUENCE OF THE SE	in the undering the August Aug	Ing cause give	n in Par	rt I. 24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other significent conditions are conditions. If yes 2 No. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO. 27. MANIVER OF DEATH 1 Natural 5 Pending Investigation investigation are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions.	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C.	DOR AS A CON DO COR AS A CON D	SEQUENCE OF SEQUENCE OF THE SE	in the undering the August Aug	Ing cause give	n in Par	a cardlec or reap It i. 24e. WAS AN PERFOI T YES 2 only one) Other (Specify) Ind. DESCRIBE HOW	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa reaulting in death) LAST PART II. Other significent conditions are under the cause of the cause o	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C.	DOR AS A CONDICTION OF INJURY — A , atc. (Specify)	esequence of resulting 28b. Till IN.	in the underly of the control of the	ying cause give PLACE OF DEATHORN 5 PRANKE INJURY AT WORK? YES 2 N	n in Par	a cardlec or reap It I. 24a. WAS AN PERFOI Only one) Other (Specify) Id. DESCRIBE HOW Office or Town, State	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other significent conditions are uniting in death and in the cause of the ca	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C.	DOR AS A CONDO COR AS A CONDO CONDO CONDO COR AS A CONDO	ine. SEQUENCE OF	or the underly and the underly are of factory, or the time, or the tim	ying cause give PLACE OF DEAT iome 5 (1) Raside INJURY AT WORK? YES 2 N	n in Par	a cardlec or reap It i. 24a. WAS AN PERFOI Only one) Other (Specify) Id. DESCRIBE HOW III. LOCATION (Street City or Town, State	I AUTOPSY RMED? I MUTOPSY RMED? INJURY OCCUR and Number or a	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other significent conditions are uniting in death and in the cause of the ca	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C.	DOR AS A CONDO COR AS A CONDO CONDO CONDO COR AS A CONDO	ine. SEQUENCE OF	or the underly and the underly are of street, factory, or the time, or	ying cause give PLACE OF DEAT iome 5 (1) Raside INJURY AT WORK? YES 2 N	n in Par (Check nce 6 28	a cardlec or reap At I. 24a. WAS AN PERFOI 1 YES : only one) Other (Specify) ad. DESCRIBE HOW M. LOCATION (Street City or Town, State the cause(a) and ma	I AUTOPSY RMED? R INJURY OCCUR and Number or and number	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C.	DOR AS A CONDO COR AS A CONDO CONDO CONDO COR AS A CONDO	ine. SEQUENCE OF	or the underly and the underly are of street, factory, or the time, or	PLACE OF DEAT OTHER STREET O	n in Par (Check nce 6 28	a cardlec or reap At I. 24a. WAS AN PERFOI 1 YES : only one) Other (Specify) ad. DESCRIBE HOW M. LOCATION (Street City or Town, State the cause(a) and ma	I AUTOPSY RMED? R INJURY OCCUR and Number or and number	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death Dea
shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO B. DUE TO B. DUE TO B. DUE TO C.	DOR AS A CONDICATE OF INJURY Day, Year) OF INJURY Day, Year) OF INJURY Att. (Specify)	ine. SEQUENCE OF	in the underi	PLACE OF DEATHORN 5 PRANCE OF NUMBER 1 NUMBER 2 Number 1 Number 2	n in Par (Check nce 6 28	a cardlec or reap At I. 24a. WAS AN PERFOI 1 YES : only one) Other (Specify) ad. DESCRIBE HOW M. LOCATION (Street City or Town, State the cause(a) and ma	I AUTOPSY RMED? R INJURY OCCUR and Number or and number	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death Dea

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Secure after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should bin be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 1 0 1991

Julia Davidson-Randall

attending physician. use as the bunial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

10g. CITIZEN OF WHAT COUNTRY?

10d, INSIDE CITY LIMITS? 1 YES 2 NO

Approximata Interval Between **Onset and Death** 1 hz.

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

end due to the ceuse(e) end menner ex stated. 29d. DATE SIGNED (Month, Day, Your)

1 - FOR STATE REGISTRAR

COR ATTRIONO PHYSICIAN: The law requires that the death certificate be executed within 2 mours after dea	
9/0	
8	,
	.,
N	١
within 5	
8	į
Security Sec	A President
< 8	3
) å	1
cate	4
1	
. 8	
death	-
2	4
#	
E E	3
SS	i
1 5	1
2	4
. 3	à
.00	1
Ě	4
- ż	
×	1
- S	
훈	of the
5	San
2 8	4
1	ġ
5	ţ
T. D.	ě
18	d

	1. DECEDENT'S NAME (First, Middle, Last)	THITTORIL	OF DEATH	REG. N		
	GLORIA HICKS			POATE OF DEATH		EAR 3. TIME O
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last t	oirthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	179/	BIRTHPLACE (Ste
	216-42-6576 10M28 47	YRS. MONTHS D	AYS HOURS MIN.	(Month, Day, Year)		Country
~	9s. FACILITY NAME (If not institution, give street end number)	9b. CITY, TO	WN OR LOCATION OF	DEATN	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	730	alto,		Ba	1101
REC	A A A A A A A A A A A A A A A A A A A	10c. CITY, TOWN OR L	OCATION			10d, INSID
	Md. 13alto	Dal-	morp			1 YES
RAI	100. STREET AND NUMBER		10f. ZIP CODE	-1	10g. CITIZEN	OF WHAT COUN
FUNERAL	11. MARITAL STATUS 12. WAS SECREDENT EVER IN U.S. ABME	- Les une	212	06	103	A
	1 Never Married 2 Married FORCES? 1 YES 2 NO	If yo	DECENDENT OF NISPA a, specify Cuben, Mexic YES 2 NO Spec	en, Puerto Ricen, etc.)	/se or No — 14.	RAGE - Americ
D 8Y	3 Widowed 4 Divorced		TES E INC Spec			931a
1	(Give	DENT'S USUAL OCCU kind of work done durir o NOT use retired.)	PATION ng most of working	16b. KINO OF B	USINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	touso	Wife			
SON	17. FATHER'S NAME (First, Midgle, Last)		18. MOTHER'S N	AME (First, Midgle, Maide	an Surneme)	
BE (Richard Mitchell		Sak	gh Mi	4cho	11
0	196. INFORMANT'S NAME (Type/Print)	MAILING ADDRESS (St	reet and Number or Rural	Route Number, City or To	own, State, Zip Coo	de)
	200. METNOD OF DISPOSITION	701 S	che (il	vg Rd	21	206
	1 Gurial 2 Cremetion 3 Removal trom State 4 Donation 5 Other (Specify)	DDATE OF DISPOSITION OF OTHER PROPERTY OF THE	to of one	DATE 20c. L	LOCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE DICENSEE	22. NAA	E AND ADDRESS OF F	ACILITY	CATT.	01 111
	W.C. 70ruin-	W.	MiAm C.	Grawn	Long	aviz
	23. PART i. Enter the diseases, or complications that caused the deat	h. Do not entar tha	moda of dying, aud	ch as cardiac or rea	piratory arrest	App
	IMMEDIATE CAUSE (Final	er cos: 1			,,	Inter
	disease or condition a.	1.0 9m 00	XEN.			11
	DUE TO (OR AS A CONSECUE	ENDE OF):				
O	Sequentially list conditions,	ENCE OF:				
CAT	if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury					ĺ
CERTIFICATION	that initiated eventa DUE TO (OR AS A CONSEQUE resulting in death) LAST	ENCE OF):				
E E	d					
- 11	PART II. Other significant conditions contributing to death but not rea	ulting in the undar	lying causa givan in	Part I. 24e. WAS A	N AUTOPSY	24b. WERE AUTO
EDICAL	Sesse america			PERFO	2 M NO	COMPLETIO OF DEATH?
M						1 TYES
AN	25. WAS CASE REFERRED TO MEDICAL					
PHYSICI	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3	OTHER:	8. PLACE OF DEATH (C)			
늦	27. MANNER OF DEATH 28e. DATE OF INJURY 2	8b. TIME OF 28c	Nome 5 Rasidence	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURE	D
BY	1 Natural 5 Pending (Month, Dey, Year) 2 Accident Investigation	M 1	WORK?			
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory,	office	281. LOCATION (Street City or Town, State	end Number or R	ural Route Number
	20- CENTIFIE					
COMPLETE	(Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death	occurred at the time,	data end place, and due	to the cause(s) and ma	anner es stated.	
- 11	2 MEDICAL EXAMINER: On the basis of examination end/or inve	stigation, in my opinio			nd due to the ce	use(e) end menne
出	Storley 2. For 1) Oppty Me	12 OEXXII) .	29c. LICENSE NUI	WBER	29d. DATE GIG	SNED (Month, Day,
임	30. NAME AND ADDRESS OF PERSON WIND COMPLYTED CAUSE OF DEATH (ITEM 2)	7) (Type, Print)	000	13	1 John	3 1 199
	STANLEY 2. Felenberg NO 1		De ans	2_		•
	31. DATE FILED (Month, Dev. Year)	3	11-7			
- 4	SEP 7 11 7007 GUILLE DOMARA-MONGARION	R.,				

DHMH-16 Ray 1/89

1 11 4 2 1

ready to the re-

18

. W

30

8.

3. TIME OF DEATH

STATE REGISTRAR

1 -

	STIMITS
ģ	within
13146	executed
×	2
BOX	artificate
<u>Р</u> О	9
	feath ce
Š	the
H	hat
RECORDS,	ALC DUVCICIANT The law requires that the de
_	ARC
₹	6
I OF VITAL	CHAIN
Ō	2770
DIVISION	STALL DO ATTENDIALS
\leq	00
_	NT.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH Shang Sup Ha VEAD Chang Ha 1:50 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign 7. OATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Country) DAYS HOURS 1 M 2 F 50 Korea YRS -5-4 216-11-8875 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Joseph Richey
RESIDENCE OF DECEDENT CITY Baltimore DIRECTOR 10s STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY NX YES 2 NO Maryland Baltimore FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e STREET AND NUMBER 10f ZIP CODE 2645 Dulaney St. 21223 Korea 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Wildowed 4 Divorced 1 YES 2 NO Specify Specify: BY Korean 0 15 DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLETI JQ. Elementary/Secondary (0-12) College (1-4 or 5+) 2 Own Home Homemaker 17. FATHER'S NAME (First Miricile Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 10 Hung Chung
190. INFORMANT'S NAME (Type/Print) BE Ko Mak Kung notified filled in by the funeral director, page 5 should on, or removal. 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr Dong H H

20e. METHOD OF DISPOSITION

1 Burlel 2 Compation 3 Re
4 Donation 5 ther (Specify) Same as 10e Pe 200 PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State must ney Valley Mem. Grdns 9 9/7/91 Timonium, Md. 10 60 VI examiner 21. SIGNATURE OF 90 1050 York Rd, 21204 toneld. Ruck Towson Funeral Home, Inc. or removal medical 23. Part I. Entar the diseases or completelons that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Death IMMEDIATE CAUSE (Final n and completely fille to burial, cremation, the disease or condition CLRD 10 RES PIRATORY ARRES event, resulting in death) GISTRIC CKNICE traumatic CERTIFICATION Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE DE) if any, leading to immediate the attending physician I Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS been signed by th AMAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate h HOSPITAL: 1 YES 2 NO OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) | 14650166 1 | Inpatient 2 | ER/Outpatient 3 | DOA o the 26a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c (Month, Day, Year) 1 Natural 2 Accident 5 Pending Investigation M 1 YES 2 NO . After t BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide TO THE HOSPITAL DR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is .00 ETED. 8 Could not be determined 4 Homicide COMPL TO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9/5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 19 2 JUMANOY, 31. DATE FILED (Month, Day, Year) 11.0 32. REGISTRAR'S SIGNATURE
9 1991 Juniform Paris DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1	1. DECEOFNT'S NAME (First,	Middle, Last)				IOAII		DEA		2. OATE O	F DEATH D		YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMB	IFR.	MARGA 5. SEX	RET [1].	_	IF UNDER	R 1 YEAR	IF UNDER	24 HRS	7, DATE OF	PT	5 1	991	LACE (State or Foreign
ì	21910764		1 M 2 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	9-24-	7973		Country MA	KYLAND
	9e. FACILITY NAME (If not in					9b. CITY	TY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					ATH		
DIRECTOR	CHURCH HOSPITAL CORPORATION BALTIMO RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION													
	10a. STATE	10c. CI1	TY, TOWN	OR LOCA		INDÁI	LK.				16d. INSIGE CITY LIMITS? 1 YES 2 NO			
AL D	MATY LAND		BALTIMO			10	of, ZIP COD				10g. CITI	_	HAT COUNTRY?	
FUNER.	7828 EDDLY	NCH RO						21	222					.S.A.
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		NT EVER IN U.S. I YES XX MAR OR DATES	ARMED () NO	13.	WAS DE- If yes, s 1 TYE	CENDENT (pecify Cube S X X NO	OF HISPAI In, Mexica Specif	NIC ORIGIN? in, Puerto Ric y:	(Specify Yao can, atc.)	or No	14. RACE Black, Specify	WHITE	
3		EOENT'S EOU y highest grade			DECEDENT'S	work done	during m		ng	16b. F	(IND OF BU	SINESS/IND	USTRY	
PLET	Elementary/Secondary (0 1 2TH GRAD		College (1-4 or 5	+)	116. DO NOT L H(OME N		R				но	ME	
COMPL	17. FATHER'S NAME (First, M		13/77			,,,,,				AME (First, Mi				
BE	CHARLES NEAL CARRIE PACKMYER 199 MAII ING ADDRESS (Street and Number City or Four). Stein Zin Code)													
일	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PEGGY DIROCCO 7828 EDDLYNCH ROAD BALTIMORE, MARYLAND											D 21222		
	20as METHOD OF DISPOSIT	ION	oval from State		E OF DISPO	SITION (N	lame of co	ametery, crei	matory or		20c. LC	CATION -	City or Tov	vn, Slate
	4 Donation 5 Other		CENSEE / \/	GARU	ENS O	F FA.	LIH NAME A	CEM.	SS OF FA	-1991	Di	ALIIM	UKE,	MARYLANT
	23. PART I. Enter the d	In h	1/1-	ety	/	70	922	WISE	AVE	NUE	DINDA	LK MD)	K INC. 21222
7	ahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nal -		O (OR AS A CON	ARD	OF):				VA RI		CAN	CER	Onset and Do
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST METASTATIC OVARIAN CANCER OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL C	PART II. Other algolifica	PART II. Other algoriticant conditions contributing to death but not resulting is								Part I.	24a. WAS AT PERFO 1 YES	RMEO?	24b.	WERE AUTOPSY FINOI AMAILABLE PRIOR TO COMPLETION OF CAUS OF OEATH?
		r.								-				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ	_	PLACE OF I	DEATH (C	heck only one)			
IXSI	1 TYES 2 NO		1 Inputient 2	-	3 DOA	4 🗆 Nu	uraing Ho	me 5 🗆 R	lesidence	6 Other	(Specify)	INJURY OC	CURFO	
BY P	1 Natural 5	Pending Investigation		Day, Year)		M	W	YES 2	□ NO		J. 11011			
	2 Accident 3 Suicide 5 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At g, etc. (Specify)	home, farm	, street, fa	ctory, off	lice			TION (Street r Town, State		r or Rural F	loute Number,
COMPLET	CONSTRUCTION OF THE		ER: On the basis of											a) and menner as stat
TO BE	296. SIGNATURE AND TITL	1 mm	i w	9				١		182		•	9	(Month, Day, Year)
		B158	JRIA,	M. D.	Chi	oe, Print)	- H	581	THE	- , BA	wio.	MD	212	231
- 8	31. DATE FILED (Month, Day	CFD	9 1001	AL:	e jedran	Band								
		la!	1001	0		-		_						DHMH-15 R

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Ray 1/89

REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	١
	A
Q.	ä
9	
×	8
8	٩
30	٦
~	
P.O. BOX 68.	•
Θ	ì
	1
0	
ш.	
-	,
~	
Œ	
0	
Ō	
ııı	
~	
OF VITAL RECORDS,	
_	
⋖	
$\overline{}$	
Ť.	
O	
=	
U	
DIVISION	
~	
>	
$\overline{}$	
ш	

2. DATE OF DEATH 720 ASBURY T. JOYNES 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 9-7-1893 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 219-14-2757 MONTHS DAYS HOURS MIN. 97 1 M 2 | F VDS Va permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 601 Wyanoke 21218 funeral director, page 5 should be detached for use as the burial-transit US A WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—it yea, specify Cuban, Maxican, Puarto Rican, etc.)
 T YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🕅 NO 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Davidson Chemical 16. MOTHER'S NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First, Middle, Last) Unknown notified at Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Estelle Joynes 601 Wyanoke Baltimore. Md 21218 pe 29a, METHOD OF DISPOSITION
TABurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State must Western Star Cemetery 91291 4 Donation 5 Other (Specify) Catonsville, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
March F/H West filled in by the fution, or removal. 4300 Wabash Avenue medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel the cremation, disease or condition meumonya resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to burlal, CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the mela Cancel shows any 1 TYES 2 NO 1 TES 2 NO certificate has been in the State Dept. of PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item 2 State **EXAMINER?** OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED this c 28 is marked, 1 Natural 1 YES 2 NO L DR ATTENDING PH L DIRECTOR; After thi hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 🔲 Homicide item 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If its 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATUIT AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE While CM, 09/05/91 2 30, NAME-AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MEMORIAL HOSPITAL , BALTIMORE, MD HILMER NOW NEGRETE, MD 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Davidson-Randell 100/19971

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ed at once.

FOR STATE REGISTRAR

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Any after death. The Entitle TO THE FURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal. IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must

	1. DECEDENT'S NAME (First, Middle								2. DATE	OF OEATH	ly .	YEAR	3. TIME OF CEATH
		. JONES SR.								9-8-9			5:18 P
	4. SOCIAL SECURITY NUMBER 223-34-7497	6. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	DAYS	IF UNDE	24 HRS. MIN.	(Month	Dey. Year)	916	Country	PLACE (State or Foreign () RGINIA
J.	90. FACILITY NAME (If not institution FRANCIS SCOTT				1.4		OR LOCATI			3 3, 1		V LI	
ا ق ا	RESIDENCE OF DECEDE										<u> </u>		
DIRECTOR	MARYLAND 10b. C				Y, TOWN								10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 5039 WRIGHT A	JE.			_	10	2120				ZEN OF W	A.	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	THE EVER IN U.S. AF		13.	WAS DEC	CENDENT Cube	OF HISPAI on, Mexica Specif	NIC ORIGIN In, Puerto F 'y:	? (Specify Yes	or No—	Black	- American Indian, White, etc.
COMPLETED	15. DECEDENT (Specify only highes	'S EOUCATION	16a. Di	CECENT'S	USUAL C	CCUPATI	ON work	200	18b.	KINO OF BU	SINESS/INC	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 1	B+)	ive kind of Do NOT u	se retired.)	during inc	ALC: WORK	'N					
틸	NA	NA	S	UPPL.	IER					MART	IN MA	RIET	TA
ᅙᅵ	17. FATHER'S NAME (First, Middle, Li	nst)					16. MOT	HER'S NA	ME (First, A	tiddis, Maiden	Sumame)		
8	DAVID CABELL 3							BLAN	CHE V	RIGHT			
2	19e. INFORMANT'S NAME (Type/Prin	()	19	b. MAILING	ADDRES	S (Street	and Numbe	r or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)	
	MILDRED E. JON	NES (WIFE)		503	9 WR	IGHT	AVE	.,BA	LTIMO	RE, M	D. 21	205	
	20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 3 C 4 Donetion 5 Other (Specific	Removat from State	HOLLY	OF DISPO	L CE	ame of ce	metery, cre RY	netory or			CATION — LT IMC		
Į,	21. BIGHATURE OF PURERAL SERV	ICE LICENSEE	- 12				NO ADDRE UNEK			HOMES	. TNC	1	
	· Crat	H. Ho	-0G)								-		21213
NOI	disease or condition resulting in deeth) a. Chronic abstructive pulmonory disease Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):												Onset and Deeti
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST												
	PART II. Other algnificant con	nditiona contributing (to deeth but not	resulting	In the u	nderivin	d canae	given in	Part I	24a, WAS AN	ALITOPRY	245	WERE AUTOPSY FINDINGS
EDICAL		Deme.									AMED?	1	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Σ									_				1 TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MED	CAL				26. P	LACE OF I	EATH (Ch	neck only on	e)			
200	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	DOA	OTHE 4 No		ne 5 🗆 B	eeldence	6 🗆 Other	(Specify)			
F	27. MANNEB-OF DEATH 1 Netural 5 Pendin	28e. DATE ((Month,		26b. TIN		28c. IN.	JURY AT DRK? YES 2			CRIBE HOW	NJURY OC	CURED	
red BY	2 Accident Investig	28e. PLACE buildin	OF INJURY — At he g, atc. (Specify)	ome, ferm,	street, fe	tory, offic	00			ATION (Street or Town, State,		or Rural R	loute Number,
COMPLETED	one) 2 MEOICAL E	PHYSICIAN: To the best CAMINER: On the basis of	examination end/or	Investigati	on, in my	opinion,	death occu	red at the	time, date	end place, e	nd due to th	ne ceuse(e) end manner ea stated.
O BE	296. SIGNATURE AND TITLE OF CE	me/ inte	F 890				29c. LIC PE A 13	ENSE NU	MBER 4200	AS	29d. DAT	E SIONED	(Month, Day, Year) 9 (Atte, Baltimore MD 2,205
	30. NAME AND ADDRESS OF PERS	M. Szema	M . D.	# 27) (Type	e, Print)	5	SCUT	t Ka	y Me	494 dical	Cent	storn	Baltimore MOZIZOF
	SEP 10 1991	32. REGIST	RAR'S SIGNATURE	02									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ind Merital Hygiene prior to burial, cremation, or removal.	ed, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN: The law requires that the death certificate be executed within	certificate has been signed by the attending physician and completel	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event,
TO THE HOSP IN THE MITENDING PHYS	TO THE FUNEITY CHEET DR. After this	be filed within "	IMPORTANT: If Nom-26 is marked

	FOR STATE REGISTRAR	467	STATE OF M	MARYLAND /		RTMENT				MENTA	L HYGIEN		1	24512
	1. OECEOENT'S NAME (First							- 7		MONT	OF DEATH	DAY	YEAR	3. TIME OF OEATH
3	Laura B		_							09	O	5	91	530 m
7	4. SOCIAL SECURITY NUME 213-03-4062		5. SEX 1 M 2XX.F	6. AGE (In vrs. la. 84	st birthday) YRS.	IF UNDER	DAYS	HOURS	R 24 HRS. MIN.		OF BIRTH			Phylace (State or Foreign
	9s. FACILITY NAME (If not in	estitution, give	street and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH			JNTY OF	DEATH
E			l Hospita	1		Ва	ltir	nore	City	7			N/A	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	ΓY		10c. CI	ry, town o	OR LOCAT	TION						10d. INSIDE CITY
1 1	Maryland		altimore			Tows								1 YES 2 HO
FUNERAL	100. STREET AND NUMBER 18 Dixie Di						101	21 21 21	204				USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Olivo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AI	RMED NO		If yes, so	ecify Cub	OF HISPAN en, Mexicer Specify	n. Puerto	N? (Specify Ye Ricen, etc.)	es or No-		CE — Amarican Indian, ck, White, stc.
8	15. DEC	CEDENT'S EDU	UCATION	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON NO WOOD	ina	168	. KIND OF B	JSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (6	-	College (1-4 or 6	+)		work done in retired.)		ist or work	mg			N/A		
N	17. FATHER'S NAME (First, M	fiddle, Last)			110111	Cinaire	- 1	16. MOT	THER'S NAI	ME (First.	Middle, Malde	·····		-
	Zachary Ta	avlor	Collins S	Sr.					ora (
BE (19s. INFORMANT'S NAME (b. MAILIN	G ADDRESS	S (Street a	and Number	or or Rural F	Poute Num	ber, City or To	wn, State, Z	(p Code)	
2	Edith L. Da	avis		1	.8 Di	xie I	Driv	е То	wson	, Ma	ryland	1 212	.04	
	20a. METHOD OF OISPOSIT	on 3 🗌 Ren	noval from State	20b. PLACI of cemetary Green	e ano oat y, cremator n Lawn	y or other p	osition	(Name		9-			•	Town, State
	21. SINGUTURE OF FUNERA	Juga Vije	en kenak	ake	10064	22.	NAME A	ND ADDRI		Mitc	hell-V	Viede	feld	l Home
CERTIFICATION	IMMEDIATE CAUSE (Fit disease or condition resulting in deeth) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injectival Initiated events resulting in death) LAS	tilons, odiate ING	b	O (OR AS A CONSE	EQUENCE (OF):		ulty	i Ay	pie/d	al no	iction	an	Onset and Death
B			d. 1 LUX C	Millian	/X	PINA	LBM							
N: MEDICAL	PART II. Other significant conditions contributing to death but not resulting					PER						FORMED? AVAILABLE PRIOR TO		COMPLETION OF CAUSE OF DEATH?
S	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF	OEATH (Ch	eak only a	ne)			
PHYSICIAN:	1 TYES 2 NO			☐ ER/Outpatient	-	4 🗆 Nui	rsing Hon		Residence					
ву РН		Pending investigation		F INJURY Day, Ybar)	28b. Ti	ME OF JURY M	W	JURY AT DRK? YES 2	□ NO	28d. OE	SCRIBE HOW	INJURY O	CCURED	
ETED E		3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, Chief Street and Number or Rural Route Number, Chief Street and Number or Rural Route Number, Chief Street Route Street Stree												
COMPLE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
BE	29b. SIGNATURE AND TITLE		en at, MD						CENSE NUI N/A	MBER		29d. D/	915	ED (Month, Day, Year)
5	20. NAME AND ADDRESS &	PERSON W	HO COMPLETED CAL	JSE OF DEATH (IT	EM 27) (7/2	e, Print)	llim	ne,	MD	217	234.		.,	
	SEP 10		32. REGISTR	An's SIGNATURE						-				

	65
	5
	0
	4
	0
	#
	er must be notiffe
	ĕ
	0
	-
	20
	Ē
	-
	e
	E
	6
_	ĕ
3	=
E	2
9	2
0	Ĕ
r to bunial, cremation, or remova	umatic event, the medical exa
10	Ē
Jat	-
B	E
2	2
'n,	
3	2
۵	B
2	5
ŏ	2
ğ	=
9	0
ie.	듄
≍	21
=	9
띝	~
Ne	3
0	三
젊	>
5	8
a	69
Ŧ	≩
ō	윤
4	63
eb	ន
0	6
afe	5
or death with the State Dept. of Health and Mental H	=
9	0
-	
₹	ě
-	Z I
att	Ë
8	-
ě	.22
aft	20
2	6
Ö	5
Z	=
be filed within 72 hours after death with the	=
5	STANT: If Item 28 is marked, or Item 23 s
ē	골
3	FI
8	ōΙ
=	의
8	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	IARYLAND /	DEPART	MENT OF I	HEALTH AND	MENT	AL HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Last) Freda				KOLB		MON	E OF DEATH	DAY	YEAR	TIME OF DEATH	-
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 OAT	C OF BURTH			2:35 P ACE (State or Foreign	m
	219-12-8275	1 M 2 🔀 F	68	YRS.	ONTHS DAYS	HOURS MIN.	Ju	nth. Day. Year)	1923 E	Country	sylvania	
	9a. FACILITY NAME (If not institution, give			1		OR LOCATION OF E	JEATH		9c. COUNT	Y OF DEA	TH	-
FUNERAL DIRECTOR	Franklin Squar	e Hospita	1		Balti	more Co	., M	ld.	Bal	+imo	re Co.	
ECI	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY		the CITY	TOWN OR LOCA	PLOBI			1			
DIR	Maryland Bal	timore			sex, M					1.5	Dd. INSIDE CITY LIMITS?	
AL	10e. STREET AND NUMBER	ormor e				. ZIP CODE			1 ☐ YES 2 🔯 NO			
ER,	1 Brett Court					2122	1			S.A		
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	ED	13. WAS DEC	ENOENT OF HISPA	NIC ORIG	IN? (Specify Ye		RACE -	American Indian.	
BY	1 Never Merried 2 Married 3 WWidowed 4 Divorced	IF YES, GIVE WI	YES 2 NO	0	if yes, sp	ecify Cuban, Maxic	an, Puarto	Rican, etc.)		Black, \ Specify:	Vhite, etc.	
	15. DECEOENT'S EDU	1								White		
COMPLETED	(Specify only highest grad	le completed)	GM	EDENT'S US	SUAL OCCUPATION OF COMPANY OF COM	ON est of working	16	b. KIND OF BU	SINESS/INOUS	TRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		Iomem								
ON	17. FATHER'S NAME (First, Middle, Last)		4.	romem	anei	18. MOTHER'S N.	AME /Elmi	Adiatalla Adiata	-			_
BE C	Norman Martin	n						Walla				
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	ODRESS (Street a	and Number or Rural				oriel		-
5	Carol Roche					am Ct.,						
	20a. METHOO OF DISPOSITION 120 Burlal 2 Cremation 3 Ram	noval from State	20h PLACE AN	ID DATE OF	DISPOSITION (A)	ma at		00.10			, Stata	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Holly	Hill	s Ceme	tery 9	/11/	91 Bal	Lto. C	0.,	Md.	
	Kaymond a	welen	Seci	2		e A. We		& Sons	s Tnc			
		ber & Son		1	705	S. Ann	St.	Balto.	. bM	2123	51	
	23. PART i. Enter the diseases, or shock, or heart fellure.	complications that	ceused the dea	th. Do not	enter the mo	de of dylng, suc	ch as cer	rdiac or resp	iretory arres	t,	Approximate	
	IMMEDIATE CAUSE (Finel Onset and Death											
	resulting in death) Vertailed FIDFILIATION											
	OUE TO (OR AS A CONSEQUENCE OF):											
NO I	Sequentially list conditions, If any leading to immediate Due to (or as a consequence of):											
AT	in any, reading to inmediate											
Ē	CAUSE (Disease or injury CAUSE (Disease or injury Due to (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST d. Diabetes Mellitus											
	PART II. Other significent condition				the and state							
CAL		is contributing to a	leadii Dat 130t 180	aning in	me underlying	g ceuse given in	Part I.	24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDING AILABLE PRIDR TO	is
								1 - YES 2	™ NO		OMPLETION OF CAUSE DEATH?	
Σ										11	YES 2 NO	11
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				20 Dt	ACE OF OFATH (C)	hank aut					
SIC	EXAMINER? 1 YES 2 XX	HOSPITAL:	EB/Outpetlant 2		THER:	ACE OF OEATH (C)						
Ή	27. MANNER OF DEATH	28a. DATE OF II	NJURY	28b. TIME C	OF 28c. INJ	5 Reeldence		SCRIBE HOW I	NJURY OCCUR	ED.		_
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	(Year)	INJUR	Y WO	RK? 'ES 2 NO				L		
	3 Suicide 8 Could not be	26e. PLACE OF building, et	INJURY — At home	e, farm, stre	et, fectory, office		28f. LOC	CATION (Street a	and Number or	Rural Rout	e Number,	\dashv
COMPLETED	4 Homicide determined	ounding, e	(Specify)				City	or Town, State)				
2	294. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, deat	h occurred :	it the time, date	and piece, end due	to the ca	use(a) and mer	ner sa stated.			
OM	one) 2 MEOICAL EXAMINE	R: On the basis of exa	mination and/or im	restigation,	in my opinion, d	eath occured at the	time, dete	e end place, an	d due to the c	ause(a) ar	nd menner ea stated.	
w II	296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NU					onth, Day, Warri	-
œ	Dhaldo	upe				N/A			▶ 9/	8/9	/	
유	30. NAME AND AODRESS OF PERSON WH		OF DEATH (ITEM	27) (Type, Pri	int)		_		-4	4		-
	Steven Smaldo			rank.	lin Squ	are Driv	re Ba	ltimor	e, MD	. 2	L237	
	"SEP" 1 10" 1991" 9	32. REGISTRAR	's SIGNATURE									

darvė a al.

i i

OHMH-16 Rev 1/89

To

notified

pe

must

caminer

permit. Pages 1, 2, 3 should

ter	the th	Sal	10
Sal	ž	Em	음
000	3.	70	ě
4 0	ile ile	ē,	-
n 2	J.	atio	=
Ę	ig.	rem	H
Š	E	E, C	Š
5	9	unia	i i
8	æ	9	E
8	cian	0	2
ate	JySi.	B	10
tific	d D	ene	ŧ
8	din	\$	10
atte	tten	12	0
g	9	Леш	5
Ē	y th	g	Ξ
that	D D	12	2
83	gne	aatt	10
Ē	n Si	Ĭ	3
9	age ge	t. 0	-
S.	las	90	E
E S	te t	ate	E
ä	if Ca	St	=
5	Sert	the	8
33	is (Ę	ed
63	or th	6	F
Š	Aff	dea	E
EN	98	ter	8
Æ	5	Sal	12
8	SI	JO	le le
A	7	2	Ξ
PIL	ER	C	E
THE HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 24 hours after or	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
Ψ	Ψ	9	SE CO
F	F	華	4

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) LEONARD 3. TIME OF DEATH 10:45A 14 MONTH 9 LCONARI 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS or A rul ANG 106 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. DSeph RESIDENCE OF DECEMENT BXXXXXXXX DIRECTOR Towson Baltimore 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 10b. COUNT Maryland N/A Baltimore 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21212 421 Rosebank Ave USA 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES XXXXXVO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Pu 1 YES XX NO Specify: 1 Never Married 2 Married Specify: White В 3 Vidowed 4 ☐ Divorced LETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 165. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) COMPI 8 Homemaker N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Stock Marie Anna Knaup BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 348 Old Trail Baltimore, Maryland 21212 Eleanor L. Palmieri 20a. METHOD OF DISPOSITION 20b, LACE AND DATE OF DISPOSITION (Name DATE 28c. LOCATION — City or Town, State Inrial 2 Cremation 3 I arkwood Cemetery 9/11 Baltimore, Maryland nation 5 - Other (Specify) Dennis Stephen kenakis 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart fellure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) LEFT FOUT. CERTIFICATION Sequentially list conditions. If any, leading to immediate EX-IXHERAL VASCULAR OCCUSIVE DISEASE cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events PATTHOSCLEROSIS resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE CONGESTIVE 1 TES 2 NO DE DEATH? META 1 | YES 2 | 10 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) nt 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural S Pending M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296 SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Month, Day, Year) BE Free 2 DEATH (ITEM 27) (Type, Print) - 7620 OFIC TOWSON MA 21200 31. DATE FILED (MONTH, Day, Year) \$ EP\$1-671891

wha Davidson

MPORT

223

permit. Pages 1. 2, 3 should

burial-transit

by the hos	be detachi		at once.
e retained	e 5 should		notified
le 6 may b	rector, pag		must be
death. Pag	funeral di		examiner
ours after	ed in by the	ог геглома	medical
within 2	pletely fille	cremation,	ent, the
executed	in and com	to burial,	umatic ev
ertificate be	ng physicia	giene prior	other trai
he death o	the attendi	Mental Hy	njury, or
uires that t	signed by	Health and	ws any I
he law req	has been	Dept. of	n 23 sho
JAN: T	rtificate	he State	or iter
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ATTEND	CTOR: /	s after o	28 ls
AL OR	AL DIRE	72 hour	If Item
HOSPIT	FUNER	within .	TANT
TO THE	TO THE	be filed	IMPOR

24515 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR George MONTH O9 ans 07 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year, 1 M 2 - F 12-14-2603 MONTHS DAYS HOURS MIN. YAS. CAROLING ORth 9a. FACILITY NAME (If not institution, give street and number)
2000 W. BALTIMARE 96. CITY, TOWN OR LOCATION OF DEATH DON SCOOLES 9c. COUNTY OF DEATH DIRECTOR BALTIMORE OF DECEDEN 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10e. STATE 10c, CITY, TOWH OR LOCATION Md UNdalk FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? S. A 325 21222 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuban, Maxican, Puarlo Rican, stc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — Ame Black, White, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BIACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KING OF BUSINESS/INDUSTRY (Sp ntary/Secondary (0-12) College (1-4 or 5+) Truck driver 17. FATHER'S NAME (First, Middle, Last) John manda H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 2 uth Center St. Orange 20a, METHOD OF DISPOSITION

1 X Burlal 2 Cremation 3 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or noval from State edar ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons IN esmes 1701 Laurens Street, Balto., Md21217 23. PARTY Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or haart fallure. Let only one cause on each life. Approximata shock, or haart fallure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition PRRYT resulting in death) SE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated aventa OUE TO (OR AS A CONSEQUENCE OF): reaulting in daath) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO PHYSICIAN: MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide 29a, CERTIFIER t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and m 29b. SIGNATURE AND TITLE OF C 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE CI

4



0

31. DATE FILED (Month, Day, Year)

SEP

1 0 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ett

32. REDISTRAR'S SIGNATURE

616

.

6 c= ___e

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	FIGURESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	FAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi It is hours after death with the State Dept. of Heatth and Mental Hyglene prior to burial, cremation, or removal.	: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIEN		24516
	1. DECEDENT'S NAME (First, Middle, Las	,				2. DATE OF DEATN		3. TIME OF DEATH
		David Sche	ck Laus	sch			. 190	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	1 (. BIRTNPLACE (State or Foreign
	216-38-4061	1 💹 M 2 🗆 F	50 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 02/17/	41 N	Vashinton, DC
"	9e. FACILITY NAME (If not institution, give			96. CITY, TOWN O	R LOCATION OF D		-	Y OF DEATH
DIRECTOR	8804 Littlewoo	od Road 21	234	Bal	ltimore		Ва	ltimore
1 55	10a. STATE 10b. COUN	ITY	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland	Baltimore			Balti	more		LIMITS?
₹ ¥	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	8804 Littlewood					234		USA
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 X NO	If yee, apo	city Cuben, Maxic	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No 1	4. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗀 YES	2 X NO Specif	y:		Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUS	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	se retired.)		(Owne	r)	
COMP	47 547119910 11410 4	2	Graph	ic Desi	igner	Grap	hic D	esign Firm
	17. FATNER'S NAME (First, Middle, Last)	. 1-				AME (First, Middle, Melden		
	Carl Lauso 19a. INFORMANT'S NAME (Type/Print)	n	19h MAII ING	ADDRESS (Street or		uth Sch	eck	
TO BI	Carol L. La	augch	1	Littley				
5	20a, METNOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Rec	20b	PLACE AND DATE	EDISPOSITION (Na	me of	DATE 200 10		MD 21234
	4 Donetion 5 Other (Specify)	Me Me	etro Cr	ematory	Inc.			ore, MD
	21. SIGNATURE OF PUNERAL SERVICE L	ICENSED !	MI	22. NAME AN	D ADDRESS OF FA	CILITY		
2	George E.	MacNabb		200 1	rodoni	ociety o: ck Road	I Ma.	, inc.
	23. PART I. Entar the diseases, or	complications that cause to List only one cause on e	tha death. Do r	not antar the mod	da of dying, auc	h as cardiac or reapi	ratory arrea	o. MD 21228
	IMMEDIATE CAUSE (Final	. List only one cause on e	ach lina.					intarval Batween Onset and Daath
1	disease or condition resulting in death)		wom					
5		DUE TO (OR AS A	CONSEQUENCE OF	ን :				
CERTIFICATION	Sequantially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF	D:				
₹ E	if any, laading to immadiata cause. Entar UNDERLYING			,-				
E	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF	7):				
E	reaulting in death) LAST	d						
	PART II. Other aignificant condition	one contributing to death b	ut not reaulting i	n the underlying	cause given in	Part I. 24s, WAS AN	AUTOREV	24b. WERE AUTOPSY FINDINGS
MEDICAL	HIV Enc	ephalop	nthe	/	3.000	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC		1	/			1 TYES 2	X NO	OF DEATH?
ż								1 TYES 2 ONO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	ack only one)		
Ιλ	1 TYES 2 X NO	1 Inpatient 2 I ER/Outp	atlent 3 DOA	OTHER: 4 - Nursing Home	5X Residence	a Other (Specify)		
	27. MANNER OF DEATN 1 X Natural 5 Pending	(Month, Day, Year)	26b. TIMI	URY WOR	IK?	28d. DEŞCRIBE HOW II	NJURY OCCUP	RED
B	2 Accident Investigation	26a PLACE OF INHIPY	At here for		ES 2 NO			
COMPLETED	4 Homicide 6 Could not be	building, etc. (Spec	#/y)	reat, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
9	29a. CERTIFIER 1 X CERTIFYING PAYS	SICIAN: To the best of a large	Ne Conservation					
N N	(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowl	eage, death occurre	On my pointon, de-	and place, end due	to the cause(s) and man	ner ee stated.	ause(e) end menner as stated,
	296. SIGNATURE AND TITLE OF CUSTIFIE	dalla deid	1111	1				
BE	Jamus /	neismick	-/w	/	NO LICENSE NUN	25		IGNED (Month, Day, Year)
일	36. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	KTH (ITEM 27) (Type.	Printi	1000		09	9/07/91
	Samuel J. We	strick, M.D	. 3100	St. P	aul St.	Baltim	ore.	MD 21218
	31. DATE FILED (Month! Dis/Host)	32 REGISTRAR'S SIGNA	TURE		200	242 011	.01.01	- 2- C- C
	SEP 1 0 1991	Tiena Davidson-Par	delle					

funeral director, the removal filled in by cremation, an and completely f signed by the attending physician Health and Mental Hygiene prior to shows any t, of h After this certificate has bee death with the State Dept. o marked, or item 23 sh this c O THE HOSPITAL VILLE.
TO THE FUNERAL DIRECTOR: After
De filed within 72 hours after death After

223

SEP

n 1991

use as the bunal-transit permit. Pages 1, 2, 3 should

untal or attending physician.

jo

must

examiner

medical

event, the

traumatic

other

injury, or

ND 21215-0020

Item; 19 per F.H. FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 10/9/91 G-680 REGISTRAR reb CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Mileton I Ant) 2. DATE OF DEATH 3. TIME OF DEATH 09 00P **1019** 9TAR 08 4. SOCIAL SECURITY NUMBER Lorraine Miller 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 07 02 1950 1 ☐ M 2 💢 F 41 DAY 217 50 5023 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE TOWSON GREATER BALTIMORE MEDICAL CENTER RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 ES 2 NO FUNERAL 10s. STREET AND NUMBER 10f ZIP COOF SOUNTRY? 10g. CITIZEN OF WHAT 21234 7234 MCCLEAN BLVD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yea, specify Cuban, Maxican, Puello Rican, etc.)
YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES BΥ 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only blahe (Give kind of work done life. Do NOT use retired.) y (0-12) College (1-4 or 5+) ANTIST 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) A Millen BE notified 9a IMFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stre Pentwood 2 Ph e 90438 20s. METHOD OF DISPOSITION

1 Source 2 Cremation 3 Ref METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Na BADT. Ch 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MACKA 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac Approximata shock, or hasrt failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Dasth disease or condition RESPIRATORY FAILURE resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): BREAST CA METASTESIS CERTIFICATION Sequantially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** FITAL: 1 YES 2 NO OTHER: npatient 2 - ER/Outpatient 3 - DOA 4 - Nursing He 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 2 NO BY М 1 TYES investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be detarmined 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, data and place, and due to the cause(s) and manner as stated. (Check only one) ion and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF 品 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) el 9/9 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Balto Peter P. Stamas, M.D., 6565 N. Chas. St., Physicians Pavilion Ste MD 21204

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AND ATE OF DEATH		GIENE B. NO.					
1. DECEDENT'S NAME (First, Middle, & MAY	·	NEFEE		2. DATE OF DEA		91°	6:34P	N		
4. SOCIAL SECURITY NUMBER 214-14-1465 A	1 □ M 2XXF	86 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRE NTHS DAYS HOURS MIN	(Month, Day,) 5-25-	05	Mary	land	30		
Manor Care Rux RESIDENCE OF DECEDEN	ton	96	Towson	DEATH	se. count Ba	ltin				
10e. STATE 10b. CC			OWSON			- 1	10d. INSIDE CITY LIMITS? 1 YES 2 XX	5Y		
100. STREET AND NUMBER 320 Stevenso		1	10f. ZIP CODE 21.204				NAT COUNTRY?	21		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed XXXXXXIII	12. WAS DECEDENT EVER FORCES? 1 YES	2)CXN0	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mai 1 YES X XNO Sp.	PANIC ORIGIN? (Specticen, Puerto Ricen, a	offy Yea or No 1	4. RACE	American Indian, White, etc.			
15. OECEDENT'S (Specify only highest Elementary/Secondary (0-12)		18a. DECEDENT'S USA (Give kind of work life. Do NOT use ra	UAL OCCUPATION done during most of working titred.)	18b, KIND	OF BUSINESS/INDU	STRY		П		
16. OECEDENT'S (Specify only highest Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Lae		Hat	Check 18. MOTHER'S	HAME (First, Middle, I	otel Meiden Surname)					
Frank J. 190. INFORMANT'S NAME (Type/Print)	Murphy	19b. MAILING AG	ORESS (Street and Number or Ru	nnie E.		Code)				
Betty Lee Shra		320 Ste	evenson Lane E	altimore		nd 2				
1 Notifiel 2 Cremetion 3 C 4 Donation 6 Cother (Specify)	Removal from State	other place)	morial Park		Baltimor					
21. SIGNATURE OF FUNERAL SERVICE DEPOPULS ST. 6	22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212									
ahock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)			INF,	ARCI	TION		Approximate interval Bate Onset and I	wee		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
resulting in death) LAST										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and in the condition of the conditions are conditionally as a condition of the conditions are conditionally as a condition of the condition of the conditions are conditionally as a condition of the condi	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDIC EXAMINER?			28. PLACE OF DEATH			_				
1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		Nursing Home 5 - Realden							
27. MANNER OF OEATH 1 Natural 6 Pending 2 Accident Investige		29b, TIME C	PF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE	I. DEȘCRIBE NOW INJURY OCCURED					
2 Account 3 Suicide 8 Could not be determined 4 Nomicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
and and	PHYSICIAN: To the best of my kno						and manner as stat	led.		
29b. SIGNATURE AND TITLE OF COM	ledm		29c. LICENSE			29d. DATE SIGNED (Month, Day, Year) 9 4 5 - 9 1				
A. Ghiladi	7600 Osler Dr.									
31. DATE STEED HOME. D. 1999	1 Superistrian's sic	- Handell								

FOR STATE REGISTRAR

CORDS, P.O. BOX 68760,

R	
TAN .	
OF	
N	
SIC	
N	
-	

_	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) TOMMY A. MAC				2. DATE OF DEATH MONTH	DAY Y	3. TIME OF D	EATH A
	214.66.6341 9a. FACILITY NAME (If not institution, give s	1 1 M 2 DF 34	YRS. MONT	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.		56	BIRTHPLACE (State of Country)	r Foreign
DIRECTOR	SINAL HOSPIT	AL		BALTIMO		Sc. COUNTY	ALTIMOR	E
	10a. STATE 10b. COUNT 10b. COUNT 10b. STREET AND NUMBER 340 \$ MONDA	LTIMORE	10c. CITY, TOW	N OR LOCATION BALTIMORE			10d, INSIDE C LIMITS? 1 YES 2	□ NO
FUNERAL	340 \$ MONDA	12. WAS DECEDENT EVER IN U.S	S. ARMED	10f. ZIP CODE 2 2 2 1 13. WAS DECEMBENT OF HISP.	6	1	USA	
₽	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuban, Maxi- 1 ☐ YES 2 NO Specific	can, Puarto Rican, atc.)	14.	RACE — American li Bleck, White, atc. Specify: Blace	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION (completed) 16/ College (1-4 or 5+)	OECEDENT'S USUA (Give kind of work do life. Do NOT use retire	ne during most of working	16b, KINO OF E	BUSINESS/INDUST	rry	
BE CON	17. FATHER'S NAME (First, Middle, Last) TOMMY Mack			Lula	Fra 21e	1		
10	Rodney Had 20a, METHOD OF DISPOSITION	20b. Pt./	19b. MAILING AODR		alls Par	Kway P	ba Ho, Md	
	1 6 Burlel 2 Cremetion 3 Rem 4 Donation 5 Giner Specify IL SIGNATURE OF CONERAL SERVICE LK	oval from State cemelo	rematory or other bia	PA POURL	9-11-9 KC		town, Hd	2121
	23. PART I. Entar the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Only Ona Cause On each	y Failur		ch as cardiac or rea	bath A	Approxi Interval Onsat a	Betwee
CERTIFICATION	Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated svents resulting in death) LAST	DUE TO (OR AS A CO)	NSEQUENCE OF):					
MEDICAL C	PART II. Other significant condition HIVED Probable Sept.		ot rasulting in tha	underlying cause given in	PERFO		24b. WERE AUTOPSY AVAILABLE PRIO COMPLETION OF OF DEATH?	OT NO
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	PUS	reluxed movies exam	1 TYES 2] NO
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	OTH					
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28d. DESCRIBE HOW	INJURY OCCURE	ED .			
ETED	3 Suicide s Could not be detarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, term, street, f	actory, offica	28t, LOCATION (Street City or Town, State	t and Number or R	ural Route Number,	
COMPL	2 MEOICAL EXAMINE	CIAN: To the best of my knowledge t: On the besis of exemination and	, death occurred at th	e time, data and place, and du y opinion, death occured at the	n to the ceuse(a) and me e time, data and placa, a	enner as stated.	use(a) and manner as	atated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	MD MD)	29c. LICENSE NU	MBER	29d. DATE SIG	INED (Month, Day, Year	r)
	Theolore [BATE FILED (Month, Day, Year)	h = -10		whilet				

ei ei	
one	١
at	ļ
notified	
pe	I
must	
examiner	
medical	Ì
in the	l
event,	
traumatic	
other	
0	١
injury,	

TO THE CONSTANT. THE ACCUSANCE HIS GRAND CONTROL OF THE ACCUSANCE HE ACCUSANCE HE ASSOCIATED THE CONTROL OF THE
--

	FOR 1 _ STATE	STATE OF	MARYLAND /	DEPAR'	TMENT OF	HFAITH AND	MENTAL HYGIE	91	24	520		
	REGISTRAR		CE	RTIF	CATE OF	DEATH	REG N					
	1. DECEDENT'S NAME (First, Middle, Lest) (TANEKA) T	2. DATE OF DEATH OF DAY 19 9 AR 1:25P										
	4. SOCIAL SECURITY NUMBER 212-25-4643	5. SEX	6. AGE (In yrs. last 2° 1/2	"	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-26-1	000	8. BIRTHI Country			
R	8a. FACILITY NAME (If not institution, give 2915 OAKLEY	street end number) AVENUE				OR LOCATION OF (DEATH	9c. COU	INTY OF DE	МД		
18	RESIDENCE OF DECEDENT											
DIRECTOR	100. STATE 10b. COUNT	Y			imore	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2915 Oakley	Avenue				21215		10g. CIT		HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? I IF YES, GIVE V	T EVER IN U.S. ARM YES 2 XNOWAR OR DATES	IED)	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic 8 2 7 NO Spec	NIC ORIGIN? (Specify) en, Puerto Ricen, etc.) fy:	es or No-	Black,	— American Indian, White, atc.		
03	15. DECEDENT'S EDU	I .			1					Black		
COMPLETE	(Specify only highest grade	College (1-4 or 5	(Giv	EDENT'S L e kind of w Do NOT use	JSUAŁ OCCUPATI ork done during m retired.)	ION ost of working	16b. KIND OF B	USINESS/IN	DUSTRY			
BE CON	17. FATHER'S NAME (FIRST, MIDDIN, Lest) Robert N. Johnson	on					AME (First, Middle, Melde inette M.		ey			
2	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING /	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip	Code)			
-	Bernard Mackey		3	320	W. Belv	edere Av	enue Ba	ltimon	re, M	d 21215		
	20a. METHOO OF DISPOSITION 1 A Burlet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AN	O DATE O	F DISPOSITION (N	ame of	DATE 200 I	OCATION	Ott			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE. 22. NAME AND ADDRESS OF FACILITY March F/H West										i co, na		
	23. PART I. Enter the diseases, or	complications the	t caused the dae	th. Dp np	ot enter the mo	ode of dving, su	sh Avenue	niretory en	rest	Approvimete		
	23. PART I. Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition											
	resulting in desth) s											
NO	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, If any, leading to immediate Sometimes and Soot Inhalation Due to (or as a consequence of): Due to (or as a consequence of):											
ICAT	csuse. Enter UNDERLYING CAUSE (Disease or injury	c										
CERTIFICATION	that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL (PART II. Other algnificant condition	s contributing to	deeth but not res	sulting In	the underlyin	g cause given in	PERFO	N AUTOPSY PRMED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE		
N: MED	Ses 2 NO COMPLETION OF CAUSE OF DEATH?											
¥	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF DEATH (C)	ack only one)					
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:							
¥	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIME			6 Other (Specify)	IN HIRY OC	CURED			
2	1 Natural 5 Pending	(Month, Day, Year) INJURY WORK?										
ВУ	28a. PLACE OF INJURY — At home, term, street, factory, office determined 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, term, street, factory, office City or Town, Stete)											
TED												
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of		ME			BALT			., X		
₩.	(Check only CERTIFYING PHYSI One) MEDICAL EXAMINE	R: On the basis of as	amination end/or inv	estigation	in my poleton	and place, and due	to the cause(s) end mi	inner es stat	ed.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			gadon,	my opinion, d							
BE (Allen and Title OF CENTIFIER	Chut	e and			29c. LICENSE NUI		29d. DATE ▶ 0 9		Month, Day, Year)		
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DENNIS J. CHUTE 111 DENNI STREET BALTIMODE MADVIAND 21201											

32. REGISTRAR'S SIGNATURE

	U.
	-
	COLTAI OF ATTENDIAL DUVELOIANT The law received the death configure to
Ö	- 3
Ö	1
7	7
∞	1
9	1
BOX 68760	i
$\widehat{}$	
U	1
30	1
_	3
<u> </u>	4
٠.	- 8
α.	4
-	3
S	Ť
0	5
~	- 7
<u></u>	3
0	3
()	1
~	1
**	8
ч.	- 5
	ě
7	-
	É
>	3
	ē
_	ő
\circ	3
_	Ö
Z	0
	3
\leq	5
n	ē
-	Ē
DIVISION OF VITAL RECORDS, P.O. I	2
=	2
7	_
	5
	ā

TO BE COMPLETED BY	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.
ne tunemagnetor, page 5 should be detached for use as the rail.	to the contract. Other ones that has been signed by the authority physical and completely miled in by the manager place is mound the deficition for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal
or department it may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after degree in the presented by the houseand on arrending

	91-5164-510 FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAI	RTMENT	OF H	IEALTH DE A	AND I	MENTA	L HYGIEN		245	521
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATHS		7,199	TIME OF DEATH
	Charles A. Moeller 09 07 1991											3:55 PM	
	579-38-2817	5. SEX 1 X M 2	lasi birthday) YRS.	MONTHS	MONTHS DAYS HOURS MIN. (Monti					TE OF BIRTH 8. BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give a		- 00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9h CITY	TOWN C	R LOCATI	ON OF DE	Aug	gust 16		IDist	.ofColumbi
DIRECTOR	Johns Hopki		ital				imor		AIN		96. COU	INTY OF DEA	тн
-		TIMORE		10c. CIT	TY, TOWN C	OR LOCAT		ERRY	HAI	LL		1	Dd. INSIDE CITY LIMITS? YES 2 X NO
🕺	10e. STREET AND NUMBER	****				101	. ZIP COD	_			10g. CIT		AT COUNTRY?
FUNERAL	9930 RICHLYN DR						211	28				U.S.	Α.
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2.	ARMED NO	1 '	f yes, spe	ENDENT (polity Cube 2 X NO	m, Mexice	n, Puerto	N? (Specify Yea Ricen, atc.)	or No-	14. RACE — Black, V Specify:	American Indian, White, etc.
윤	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. I	DECEDENT'S	USUAL OC	CCUPATIO	N el of umetri		161	b. KIND OF BUS	SINESS/IN	OUSTRY	WILLE
COMPLET	Elementary/Secondary (0-12) NA	College (1-4 or 6 e	•)	(Give kind of life. Do NOT u		Jorning Moo	or working			COMPRE	SSOR	COMP	ANY
BE CO	17. FATHER'S NAME (First, Middle, Last) AUGUST MOELLER						18. MOT			Middle, Meiden CHEICH	Surname)		
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street e	nd Number	or Rural F	Route Num	ber, City or Tow	n, Stete, Zip	p Code)	
-	JAMES C.A. MOELLE	\/		417	HASLI	ETT	ROAD	, J0	PPA,	MARYI	AND	2108	35
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE					OF DISPOSITION (Name of CEMETERY CATE BALTIMORE, MARYLAND)							
	22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, 9705 BELAIR ROAD, BALTIMO									ES,	INC. RE. MI		
	23. PART I. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Arteriosclerotic Cardiovascular Disease Due TO (OR AS A CONSEQUENCE OF):												
TION	Sequentially list conditions, if any, leeding to immediate OUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in deeth) LAST d d												
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 Trquiry 1 YES 2 NO												
ž										- · · · q · u	J	1 "	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	EDICAL HOSPITAL: 1 Inpatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 3 Impatien											
	27. MANNER OF DEATH 1 🕅 Natural 5 🗆 Pending	28e. DATE OF (Month, Da	INJURY	28b. TIM	E OF URY	28c. INJU WOF	IRY AT	A CONTRACTOR		CRIBE HOW IN	JURY OCC	CURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE Of building.	INJURY — At I	nome, ferm, s	M street, facto	1 Y	/A	NO	281. LOC	ATION (Street e	nd Number	or Rural Route	Number,

29e. CERTIFIER (Check only one) 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

2 X MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29c. LICENSE NUMBER

PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

C.M.E 08 1991

Frank J. Pe 31. DATE FILEO (MONTH, Dey. 1981) SEP 1 0 1991

MD 111 Penn Street
32. REGISTRAR'S SIGNATURE

Savidon Pandase

DHMH-16 Rev 1/89

29d. OATE SIGNEO (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last)

1 - FOR STATE REGISTRAR

Ajelva

YEAR

3. TIME OF DEATH

2. DATE OF DEATH MONTH

	١
	ı
90	
76	
∞	
9	
×	
0	
m	
_	
0	
~.	
ш	
ທົ	
Ö	
~	
ō	
$\ddot{\circ}$	
Щ	
2	
-	
_	
I	
=	
5	
ш	
0	
-	
5	
$\overline{\mathcal{O}}$	
S	
=	

McNair 09 06 1991 2:37 PM 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
7-3-1991 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🐼 M 2 🗆 F MONTHS HOURS Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore MD. 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City 1 TYES 2 | NO 6701 Yata Ruba Road FUNERAL 21207 10g. CITIZEN OF WHAT COUNTRY? U.S.A. for use as the burial-transit within 24 hours after death. Page 6 may be retained by the hospital or attending physician, noietely filled in by the funeral director, page 5 should be detached for use as the buriat-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried
3 Widowed 4 Divorced FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.) BY specify: Black 1 YES 2 7 NO COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 186, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Infant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
Andrea McNair to Damont McCov BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6701 Yata Ruba Road Balto., MD. 21207 Frank Washington pe 20g. METHOD OF DISPOSITION
1 To Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE Woodlawn, MD. Woodlawn Cemetery 9-11-91 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE E.L.Phillips F/H 1721-27 N.Monroe #281 retho Hecto St. Balto., MD. 21217 completely filled in by the lal, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** the **Onsat and Death** disease pr condition SUDDEN INFANT DEATH SYNDROME resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed burial, CERTIFICATION апф Sequentially list conditions, Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING 8 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 10 PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS this certificate has been signed by with the State Dept. of Health and any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 VYES 2 NO Shows DE DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem 28. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 Inpatient 2 XER/Outpatient 3 I DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending DIRECTOR: After the hours after death w М 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At home, 1erm, street, 1actory, office building, etc. (Specify) 65 COMPLETED 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 是是 BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 223 09 9 O.C.M.E 07 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MP11 JR MARIO Penn Street, Baltimore Maryland 21201 SEP 10 1991 32 BEGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



모

	3 cho	5	
	5	ī	
	Panes	2	
	ermit		
	neit n		
Sician	ial-tra		
d ph	he but		
ttendir	as #		
or a	for us		
nospita	ched		eşi eşi
the	e deta		t one
od be	d bluc		ed a
retair	5 sho		notiti
nay be	page		t be
)e b n	rector		mus
E.	eral di		nine
r deal	he fun	<u>6</u>	exal
rs afte	n by 1	remov	dicai
4 POU	filled ii	JO , DC	e me
נשוע ל	letely	ematic	nt, th
Med w	comp	ial, cr	eve
CXBC	n and	to bur	mati
ate De	lysicia	prior	ther trauma
Serunc	ing pi	ygiene	othe
Ulpar	attend	ntal H	y, or
au i	y the	nd Me	infini
es tild	gned	alth a	s any
ledoli	een si	t. of He	or item 23 shows any
e idw	has b	Dept	1 23
AN.	ificate	State	r iten
TOICE	is cert	ith the	-
NG P	fter th	eath w	is marked
2	DR: A	fter de	80 SI
Z 75	DIRECT	Ours a	: If item 2
IN	RAL [12h	FIRE
3	FUNE	withir	TAN
TO THE MOSPITAL OR ALLENDING I	TO THE FUNERAL DIRECTOR: After 1	e filed	IMPORTANT: if item 28 i
_	-	9	-

91 24523 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 YEAR Hazel W. Morse 8, Sept. 6:20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 03/14/02 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 220-14-7014 1 M 2 M F 89 YRS Missouri 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Pikesville Nursing Home Pikesville Baltimore RESIDENCE OF DECEDENT 10b. COUNTY IOc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Pikesville 1 - YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 608 Glenrock Road 21208 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or NoIf yes, specify Cuban, Maxican, Puerto Rican, alc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY 3 Widowed 4 Divorced Specify: White COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12th Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surni Andrew J. BE Weddle Rachel Ann Kelly 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 5 Jack E. Morse 608 Glenrock Rd. Pikesville, MD 21208 20a. METHOO OF DISPOSITION
1 ☐ Burlel 2 IX Cremetion 3 ☐ Removal Irom State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Metro Crematory, Inc. 4 Donation 5 Other (Specify) 19/9 Baltimore. MD 21. SIGNATURE OF FUNERAL SERVICE LIPENDEE 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Rd. Balto. 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final **Onaet and Death** disease or condition Leumants reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) 9 10 CERTIFICATION he Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death-but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO year COMPLETION OF CAUSE 1 TES 2 X NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 X Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 NO 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HDW INJURY OCCURED 1 X Natural 5 Pending I YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide detarmined 29a. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of axaminstion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES BE 290/LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 09/09/91 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

11 Slade Avenue



Stanley R.

31. DATE FILEO (Month, Day, SEP 1 0 1991 Steinbach,

July Day down Handall

M.D.

Pikesville, MD 21208

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF MA	RYLAND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	Ē .	324				
	1. DECEDENT'S NAME (First, Middle, Last)		L OI BEATH	2. DATE OF DEATH		3. TIME OF DEATH				
	John Thomas Marks			Sept. 7	.1991	7:30am M				
			DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	PLACE (State or Foreign					
	9a. FACILITY NAME (If not institution, give street and number)	O T YRS.	Aug. 17,	MAryland						
DIRECTOR	325 S. Taylor Ave.	32.0	ESSEX	DEATH	9c. COUNTY OF DE	timore				
EC	10a. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY				
	Md. Baltimor	e	Esse	X		LIMITS?				
FUNERAL	325 S. Taylor Ave.		10f. ZIP CODE	1221	10g. CITIZEN OF W USa	HAT COUNTRY?				
ΒY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT ET FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES 2 NO Spec	en, Puerto Ricen, etc.)	or No— 14. RACE Black, Specifi	- American Indian, White, etc.				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY										
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work do life. Do NOT use retire	ne during most of working d.)	17/2 2 200	CANADA SAN					
MP	10 th	Steel	worker			inlessStee				
	17. FATHER'S NAME (First, Middle, Last) Thomas Marks			AME (First, Middle, Malden :						
BE	19a, INFORMANT'S NAME (Type/Print)			izabeth R						
2	Thomas MArks		ESS (Street and Number or Rural							
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISP	ld Court Re							
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crematory or other plant OakLawnCem	el les		CATION — City or Tow					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2. NAME AND ADDRESS OF F		Altimore	e Ma.				
	(Eury)	al Hand	ConnellyFu	neralHome	300MAce	Ave. 21221				
	23. PART I. Enter the diseases, of complications that ca	0- 1 01000								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	gestiv	1 /		lyre	Approximate interval Between Onset and Death				
z	- AS	AS A CONSEQUENCE OF):	D.							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):	arolia	0 To 1	- 01/2					
FIC	CAUSE (Disease or Injury	AS A CONSEQUENCE OF):	arana	int	arctu	DIL,				
E	resulting in death) LAST	or y.		,						
	DART II Other deathers and the									
MEDICAL	PART II. Other aignificant conditions contributing to des	th but not resulting in the	underlying ceuse given in	Part I. 24s. WAS AN / PERFORM	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
ž				_		1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C)	neck anly one)						
YSI	1 YES 2 NO HOSP!TAL: 1 Inputient 2 ER	Outpatient 3 DOA 4 N	ER: ursing Home 5 - Residence	6 Other (Specify)						
H	27. MANNER OF DEATH 28s. DATE OF INJU (Month, Day, 16	PRY 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED					
B	2 Accident Investigation	М	1 TES 2 ND							
COMPLETED	3 Suicide 6 Could not be determined 28s. PLACE OF IN. building, etc.	IURY — At home, term, street, to Specify)	ectory, office	281. LOCATION (Street ar City or Town, State)	nd Number or Rural Ro	ute Number,				
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my b	nowledge, death occurred at the	time, data and place, and dus	to the cause(e) end menr	ner as stated.					
Š	one) 2 MEDICAL EXAMINER: On the basis of examin	sation and/or investigation, in my	opinion, death occured at the	time, data and place, and	due to the ceuse(s)	and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CONTIFIER	- lus	29c. LICENSE NU	10 10	2941. DATE SIGNES	Month (Owk, Hear)				
٤	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	Ba Yin Oung,	M.U.P.A.	- //	177/				
			8022 Belair R Baltimore MO	d. 21236						
	SEP 10 1991 Sina Day day	GRATURE								



IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE (F MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGII	ENE
			CERTIFICATE	0	F DEAT	TH		REG. I	NO.
Adichello I madi							T		

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI CERTIF	RTMENT OF I	HEALTH AND I	MENTAL HYGIEN					
		» BARBARA	C.	McCOY		2. DATE OF DEATH DATE OF SEPT. 6,1	AY YEAR	3. TIME OF DEATN			
	4. SOCIAL SECURITY NUMBER 218-54-2576	1 🗆 M 2 📑	76 vps. last birthday)		IF UNDER 24 HRS. HOURS MIN.	RS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreig					
OR	99. FACILITY NAME (If not institution, give Meridian Cromwell N			9b. CITY, TOWN	Parkvill	EATH	9c. COUNTY OF D	PEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN		10c. CI	TY, TOWN OR LOCA	TION		10d. INSIDE CITY				
	Md. Ba	ltimore	E	Baltimore In	I. ZIP CODE		10g. CITIZEN OF	1 TES 2 NO			
FUNERAL	8710 Emge Road				21234	= 6	USA	WHAT COOKINT			
B	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— lif yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE Bleck 1 YES 2 NO Specify: X 15. WAS DECEDENT EVER IN U.S. ARMED If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE Bleck 1 YES 2 NO Specify: X										
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	18a. DECEDENT'S (Give kind of life. Do NOT u		DN st of working	16b. KIND OF BUS	BINESS/INDUSTRY				
BE CON		lick			-	ME (First, Middle, Maiden					
5	19a. INFORMANT'S NAME (Type/Print) Charles W. McCoy					noute Number, City or Town stead, Md. 21					
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State	206. PLACE AND DATE cemetery, cremetory or c LOUCON Par	OF DISPOSITION IN	me of	DATE 20c. LOC	cation - city or to Itimore, Mo				
	21. SIGNATURE OF FUNERAL SERVICE L	KENSEE Uxddun)		22. NAME AI	ID ADDRESS OF FAC						
	23. PABT I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one ceuse o	on each line.			y Descas		Approximeta Interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	с.	AS A CONSEQUENCE OF		·						
PHYSICIAN: MEDICAL C	PART II. Other significent condition	menta sophogete		in the underlying	g ceuse given in i	Pert I. 24s. WAS AN / PERFORI t YES 2	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)					
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 ☐ Inpetient 2 ☐ ER/ 26a. DATE OF INJU (Month, Day, Ye	IRY 26b, TIM	E OF 28c, INJ	5 Raeldenca (JRY AT RK? (ES 2 NO	B Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCURED				
	3 Suicide 8 Could not be determined	26a. PLACE OF INJ building, etc. (URY — Al home, farm, i Specify)	street, factory, office		281. LOCATION (Street as City or Town, State)	nd Number or Rural R	loute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMIN	ER: On the best of my k	nowledge, death occurn	ed at the time, data	and place, and due t	to the cause(a) and mann	ner se stated.	and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE MANUAL C. 30. NAME AND ADDRESS OF PERSON VIII	Konslein	LLI MA	(Print)	29c, LICENSE NUM		≥ 9-6				
	Marion C. Ko	owalewski,M.	.D.	8604 Har	ford Rd.						
	31. DATE FILED (Month, Day, Year) SEP	9 1991 <i>Ju</i>	kia Davidson-V								

	星	agr.	9	9
	Med	65	all.	
5	xecu	and	3	the.
	De e	ian	보 당	9110
,	ate	ysic	ğ	-
	tific	100	ene	4
	Se	ugju	목	9
6	eath	atte	Ta	2
?	De d	the	Me	a line
	at th	6	and	7
)	ST	ned	€	0
)	uire	Sig	200	MALINE
	9	Deen	9	d
ļ	WE.	35	Ded	ç
	E	ate 1	ate	-
	AN:	tific	S	2
	SICI	9	Ē	,
)	품	this	¥	4
	NG	fter	Sath	8
2	Q.	7: A	er d	9
?	E	6	Š	00
	英	当	8	ŀ
1	d	3	Ĵ	
4	*	8	Ē	E
	Š	5	With	48.
	TO THE HOS ITTLE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUND ALL DIRECTOR: After this certificate has been signed by the attending physician and comple	be filed within a tree after death with the State Dept. of Health and Mental Hyglene prior to burial, cre-	semporatory is form 10 to morbed as from 22 shows any fallow or other frametic even
	6	0	96	

	500								24526			
٠	1 - STATE REGISTRAR	STATE OF MARY			CATE OF		MENTAL HYGIEN REG. NO	_				
la:	1. DECEOENT'S NAME (First, Middle, Last) Y ALLAME	0A	1	217	HMI	LLER	2. DATE OF OEATH DO NONTH O	3 9	3. TIME OF DEATH AT 5:50 M			
		1 □ M 2 KF	E (In yrs. lest 84		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-23-07		SIRTHPLACE (State or Foreign Country) Md •			
5	ST JOSEPH RESIDENCE OF DECEDENT	troot and number) HOSPITAL	EATH D	timare								
DIMECTOR	Md .	·		10c. CITY	Balt				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	6000 Bellona Av				10	H. ZIP CODE 21212		10g. CITIZEN	OF WHAT COUNTRY? USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 4N	MED IO	If yes, s		NIC ORIGIN? (Specify Ye in, Puerlo Rican, etc.) y:	n or No 14.	RACE — American Indian, Black, White, atc., Specify: White			
COMPLEIED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	SINESS/INDUST										
	10 17. FATHER'S NAME (First, Middle, Last)		Of:	fice	Mgr.		ME (First, Middle, Maiden	Fuel C	0.			
IO BE	Milton J. Byrd 19a. INFORMANT'S NAME (Type/Print) Janice A. Kosten	s				and Number or Rural	C. Parks Route Number, City or Tow Cockeysvil		· ·			
	20s. METHOD OF DISPOSITION	20s. METHOD OF DISPOSITION 20b. PLACE ANO OATE OF DISPOSITION (Name of cemetary, crematory or other place)										
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE	5		John	no address of fa	er Inc. Rd. Balto	. Md.	21206			
	23. PART i. Enter the disease, or abock, or heart gliure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	List only one couse or	n each line.					iratory erreat	Approximate Interval Between Onset and Death			
MILICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. HSPILL	\$1101	OUENCE OF	P/	EUMO	NIA					
CENTIFIE	CAUSE (Disease or injury that initiated events resulting in death) LAST	d. SACR	A CONSEC	DUENCE OF	ECU	BITU	2					
MEDICAL	PART ii. Other aignificent condition	na contributing to deeth	h but not n	eaulting I	n the underlyi	ng ceuse given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINOINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAIN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF OEATN (C	Ches. S. O.					
2	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/O	RY	28b. TIM	E OF 28c. II	JURY AT	8 Other (Specify) 28d, DE\$CRIBE NOW	INJURY OCCUR	EO			
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	ir)	INJ		YES 2 NO						
3	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJU- building, atc. (S	JRY — At ho Specify)	ome, farm, a	itreet, factory, off	ca	28t. LOCATION (Street City or Town, State		Rurel Route Number,			
COMPLET	one) —	ER: On the best of my kr							ause(a) and manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	m		Ų		D 2	5886	29d. DATE SI	SNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WI	M.D	ST	. 50	DSEPH	1409	PITAC	- TOW	SON, 40 2121			
	SEP 1 0 1991	22, RÉGISTRAR'S SI	n-Aand	Less								

permit. Pages 1, 2, 3 should

The control of the co	mal-tr	72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	
5	e br		
Ď	IS th		
dile	Se		
5	D TO		
50.00	pa		
9	tach		000
1	e de		4 0.
5	q p		E P
Idi	Shou		1111
9 9	2		U
ay u	pag		h
5	ctor,		SIL
añe	dire		Pr 18
	eral		min
020	É		BIG
23	the	Oval	78
22	i d	rem	edir
5	pall	3, 0	E
7	ly fi	ation	ŧ
	plete	rem	ant.
3	moo	E,	2
2	and	ğ	atic
3	Sign	or 10	Aur
alle	hysic	bul a	at the
	9	Jiene	othe
3	Budi	F	Dr.
000	att	епта	2
2112	E A	N P	ini
9	De D	h ar	AUK
200	Sign	Heal	25
5	een	0	sho
	as p	Jept.	23
9	ite h	ate [ma m
1	tifica	e St	10
5	Cer	등	P
	T.	M.	rke
2	After	death	if item 28 is marked or item 23 shows any injury or other traumatic event, the medical examinar must be notified at once
	OR:	fter (60
5	SECT.	E SJ	T 2
5	E C	200	1
č	A	2	=

91 24527 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Ruffin Joseph 1012 OM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. Balto, Md. 1 XM 2 F 1271748 43 215-52-2940 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH University Hospital DIRECTOR Balltimore Go. Baltimore City 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland 1 YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 3525 Essex Road 21207 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 AYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whife, etc. 1 Never Married 2 XMarried BY Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Melden Surname Rosalee Ruffin L.R. Ruffin BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 3525 Essex Road Balto, Md. 21217 Evon D. Ruffin 20a_METNOD OF DISPOSITION
1 Pauriel 2 Cremation 3 Real A Donetion 6 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE etery, cremetory or other piece Garrison Owings Mills, Md. Forest Vet 21. SIGNATURE OF PURPERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Home, Inc 4600 Liberty Heights Avenue 23. PART I. Enter the discusse, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, shock, or heart fellure. Liet only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel Pulmonary embolus
DUE TO (OR AS A CONSEQUENCE OF): disease or condition reaulting in death) 1/2.hr samlopeth. CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause, Enter UNDERLYING ances CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY Mrunn 1 TYES 2 T NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO lient 2 - ER/Outpatient 3 - DOA 4 - Nursing Name 5 - Residence 6 - Other (Specify) 27, MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO ВУ 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be determined 4 Nomicide COMPLET 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(e) and manner ee stated. HE FUNERA ed within 7 OFTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) MROYY

Beltmine

Greene

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, SFP 1

BALTIMORE, MARYLAND 21215-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE	OF	DEATH	F	REG. NO			
	1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF	DEATN			3. TIME OF DEATH
	KATHER	RINE	В.		ROSS				MONTH 9	5		YEAR 91	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yr	s. lest birthdev)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF				PLACE (State or Foreign
	217-01-8569		1 - M 2 K F	84	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D	ey. Year)		Country	ginia
	9e. FACILITY NAME (If not in			04	THO.								
cc	408 E. Tin							OR LOCATION OF DE	ATN		1	NTY OF DE	
DIRECTOR			Ra.			Ti	mon:	ium			Balt	imor	e
<u> </u>	RESIDENCE OF DEC	10b. COUNT	ν		1 40. 00	Y, TOWN O							
≝	Maryland	Balt						ION 10d. INSIDE CITY LIMITS?					
		Dail	THOLE		Time	nium							1 - YES 2 - NO
FUNERAL	10e. STREET AND NUMBER		_				101	. ZIP CODE			10g. CITI	ZEN OF W	/NAT COUNTRY?
單	408 E. Timo	nıum	Rd.					21093			U.S.	Α.	
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S	ARMED	13. V	AS DEC	ENDENT OF HISPAN	HC ORIGIN? (S	specity Yes	or No—	14. RACE	— American Indian, White, etc.
BY	1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W			11	yes, sp	ecity Cuben, Mexice 2 X NO Specify	n, Puerto Rice	n, atc.)		Black, Specifi	
	3-15 Widowed 4 Divo	rced	200					a gg no opecny	•		- 1	Whit	
	15. DEC	EDENT'S EDU	CATION	164	DECEDENT'S	USUAL OC	CUPATIO	ON	16b. KII	ND OF BUS	SINESS/IND	_	
iii l	Elementary/Secondary (0		College (1-4 or 5+	,—	(Give kind of a	vork done d re retired.)	uring mo	st of working					
19	12 yrs				ersona	1			Ba	timo	re C	i+v	Police
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)						18 MOTHER'S NA				101	101100
O	William Wallace Byrd 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) Susan Bankowski 407 E. Timonium Rd. Timonium, Md. 21093												
BE													
임													
	120 Burlel 2 Cremetto	n 3 🗆 Rem	ovel from State	cemeters	crematory or of	her niscel			DATE	20c. LO	CATION —	City or Tow	en, State
	4 Donation 5 Other (Specify) Mt. Olivet Baptist Ashland, Va.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	· 1//	1	11/1			R	uck	Towson B	unera	l Hor	me, I	nc.	1
-	1050 York Rd. Towson, Md. 21204												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Applications of the college												Approximata Interval Between
	IMMEDIATE CAUSE (Fin	12				1		,					Onsat and Dasth
	disease or condition resulting in death)	→	· (oud	46 V	ascul	as	04	rest					
	Access to the second		DUE TO (OR AS A COL	NSEQUENCE OF	7:							
z			DUE TO	tasta	17i	CAN	10	1					1
CERTIFICATION	Sequantially list conditi		DUE TO (OR AS A CON	SEQUENCE OF):							
S	cause. Entar UNDERLYI CAUSE (Disease or Inju	NG	c										
Ē	that initiated events	1	DUE TO (OR AS A COM	SEQUENCE OF):							+
E	resulting in dasth) LAS		d										
													-
EDICAL	PART II. Other significa	nt condition	a contributing to	death but n	ot resulting I	n the und	eriying	cause given in i	Part I. 24s	. WAS AN			WERE AUTOPSY FINDINGS
5									4.5	PERFOR		1 0	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ ''	TES 2	PNO		DF DEATH?
≥									-				1 TES 2 NO
A	25. WAS CASE REFERRIED/TO	MEDICAL		/		-/							
PHYSICIAN:	EXAMINER?	MEDIONE	HOSPITAL:	/		OTHER:		ACE OF DEATH (Che	ck only one)				
≥ I	T YES 2 NO		1 Inpatient 2 N		1 3 DOA	4 Mural	ng Nome	5 Residence	Other (Sp	ecify)			
표	27. MANNER OF DEATN		28e. DATE OF I (Month, Da		28b. TIME		8c. INJU		28d. DESCRIE	BE HOW IN	JURY OCC	URED	
À		Pending nvestigation				М		ES 2 NO					
	3 Sulcide 8 0	Gould not be	28e. PLACE OF	INJURY — A	t home, lerm, s	treet, factor	y, office		281. LOCATIO	N (Street e	nd Number	or Rural Ro	oute Number,
H	4 Homicide	atermined		net (openny)					City or To	wn, State)			
31	29e. CERTIFIER	EVINO BUVE	CIANI To M. A										
₹	(Check only one)	CAL EVALUATE	CIAN: To the best of r	ny knowledge	, death occurre	d at the tim	ie, date	end place, end due	to the cause(e	end men	ner as etale	id.	
COMPLETED				mination end	l/or investigation	ı, in my opi	inion, de	eath occured at the i	ime, date end	place, end	due to the	cense(e)	end menner ae atated.
ш	296 SIGNATURE AND TITLE	OF CERTIFIE	1//				T	29c. LICENSE NUM	BER		29d. DATE	SIGNED (Mjonth, Day, Year)
8	16021	1	tolt					11305	111		▶ G	111	61
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type.	Print)		000011				16/	1/
ı	Pohort Stol	HP M T	. 1818 Pc	t Spr	ing Rd	•							
	31. DATE FILED (Month, Day,	(bar)	32. REOISTRAR										
		SEP	9 1991	le v									
			- 1001 9	reka De	vidous-la	Angle B	2						

SPO		
page 5		
director,	a the state of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
Tuneral		
2	N/S	
8	оша	
=	0	
100	o.	
npletely	cremati	
Š	la.	
and	P	
a	5	
Sici	Dulo	
ā	au e	
gilli	Ž	
Ten Ten	喜	
9	herit	
4	P	
D.	a	
Signe	Health	
96	6	
has b	Dept.	
l cate	State	
E.	the state	
this c	with	
After	death	
E	ä	
ij	-	

	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLAND /		RTMENT				MENTAL	HYGIEN REG. NO		24:	529
	1. DECEDENT'S NAME (First	V	N. R.	15 PJ		IOAIL		DEA		2. DATE O	OF DEATH		EAR 3. 1	INE OF DEATH
	4. SOCIAL SECURITY NUME 215-28-66	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		Day, Year)	6. BIRTNPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not in		1 2 F	3/		9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH /	122	9c. COUNTY		land
NO HO	St. Sosex	ch the	spital			To	SWS	n	Ma	1.		Bal	timo	re
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	γ		10c. CIT	ry, town (OR LOCAT	ION					100	I. INSIDE CITY
E E	Maryland	Balt	imore										1 [LIMITS?
FUNERAL	100. STREET AND NUMBER						101	. ZIP COD	_			10g. CITIZE	N OF WHAT	COUNTRY?
INE I	8237 Pleas	sant i		KOAC IT EVER IN U.S. AF	DMED	112	WAS DEC	212 ENDENT		IIC OBIGINS	(Specify Ye	-	S.A.	American Indian,
日	1 Never Married 2		FORCES? 1	YES 2 X			If yes, spe	ecity_Cubi	n, Mexica	n. Puerto R	lcan, atc.)		Black, WI	hita, atc.
ЭВУ	3 Widowed 4 Dive								.,,				Spewin Wh	ite
COMPLETED	(Specify on	CEDENT'S EDU	completed)	(G	ECEDENT'S Give kind of a. Do NOT u	Work done use retired.)	during mo	ON st of world	ng	16b.	KIND OF BU	ISINESS/INDUS	TRY	
3	Elementary/Secondary (to 12th	0-12)	College (1-4 or 5		achi	nist	t Fo	rem	an	В	eth	Steel		
S S	17. FATHER'S NAME (First, A	College College	. 71							ME (First, M	liddle, Maider			
BE	LOUIS 19a. INFORMANT'S NAME (Rasp)1	1.0			* 10:11:11		Paso			469 - 4		
2	Theresa M.		pi									vn, State, Zip Co Balto		. 21204
	20a, METNOD OF DISPOSIT	-		20b. PLACE	E AND DAT	E OF DISP	OSITION	(Name		DATE	20c. LC	OCATION — CI	y or Town,	State
	4 Donallon 6 Other	r (Specify)		_ pullar	iey						n Coo	ckeys	vill	e, Md.
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	=		/ J	ose	ph I	SS OF FA	ann	ino J	r. Fu	nera	al Home
	1º pas	we,	1. Ja	mour	0	2	63	Š. (Conk	ling	st.	Balt	co. 1	Md. 21224
	Control of the Contro	neert fellure	List only one ce	nt caused the de use on each line	eath. Do e.				911					Approximate interval Between
	iMMEDIATE CAUSE (Fi disease or condition = resulting in deeth)	nei	Tinger	fe alem	ia		to	Chr	me	ren	st o	fails	ne	Onset and Death
_			Chrom	O (OR AS A CONSE	OUENCE	of): Nov	rat	wit						
10T	Sequentially list condition if any, leading to imme	tions, ediate	DUE TO	OR AS A CONSE	QUENCE (OF):	0.							
S	CAUSE (Disease or inj		c. Chron	O (OR AS A CONSE	COLLENCE (des	en	·			-			
CERTIFICATION	that initiated events resulting in death) LAS	ST	· Cen	A	mu	0	pn	the						
2	PART ii. Other signific	ent conditio	na contributing to	death but not	regulting	in the w	nderlyin	a carla	given in	Part i	24a, WAS A	N ALITOPEV	7.45 WE	RE AUTOPSY FINDINGS
CAI					· · · · · · · · · · · · · · · · · · ·	,		g couse	g.von m			RMED?	AW/	AILABLE PRIOR TO IMPLETION OF CAUSE
MEDICA											1 123	2 [] 110		DEATH?
ICIAN:	25. WAS CASE REFERRED ' EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:			OTHE	R:		5.2	eck only on	100			
HYSI	27. MANNER OF DEATH		26a. DATE O		28b. TI	ME OF	28c. IN.	JURY AT	lasidenca	6 Other		INJURY OCCU	RED	
ВУ Р	1 Natural 5 2 Accident	Pending Investigation		Day, Year)	"	M		YES 2	□ NO					
8	a C autotta	Could not be determined	26e. PLACE building	OF INJURY — At h i, atc. (Specify)	iome, ferm	, street, fac	tory, offic	e		26f. LOCA	ATION (Street or Town, State	t and Number of 9)	Aural Route	Number,
COMPLET	CONSTRUCTION OF THE		SICIAN: To the best of											od manner en stated
8	29b. SIONATURE AND TITL								CENSE NU					onth, Day, Year)
TO B	30, NAME AND ADDRESS O	G A A	HO COMPLETED CAL	USE OF DEATH AT	EM 27) (70	on, Print)		15	195	08		> 6	1/9/	91
	30. NAME AND ADDRESS O	AD D	, DE L	EON	0/0	ST.J	USE	PH	HOSP	ITAL	To	ws oN)	MD.	21204
	SEP 1 0 19	(Year)	0	AR'S SIGNATURE	2.									

DHMN-16 Rav 1/89

WELFE 12

= 5 t 1 5 3 T

21 - 2

TO THE PROPERTY AND INSTITUTION OF PROSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNDAL CHECKER AIR this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be find with the State Dept. of Health and Mental Hygiene prior to buntal, cremation, or removal.

MPORTANT: If them 25 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAI	RTMEN	T OF	HEALTH	AND	MENT	AL HYGIEI		the t		
	1. DECEDENT'S NAME (First	Middle, Last)	Bri	qida			RUZZA			2. DA Sep	tember			9:02	
	4. SOCIAL SECURITY NUMBER 095-30-81		5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UND	DAYS	IF UNDE	R 24 HRS. MIN.	7. DA1	TE OF BIRTH			Ital	_
TOR	90. FACILITY NAME (# not in Franklin RESIDENCE OF DEC	Squa		ital		9b. CIT	ry, TOWN	OR LOCAT	ION OF D	EATH			nty of DEA	e Coun	ity
DIRECTOR	100. STATE Maryland	10b. COUNTY	ltimore			7, TOWN	OR LOCA	TION						Od. INSIDE CIT	
ERAL	100. STREET AND NUMBER 5610 McCo	ormic	k Avenu	e	10f. ZIP CODE 21206						5	10g. CITIZEN OF WHAT COUNTRY? Italy			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Divo			IT EVER IN U.S. A YES 2 X MAR OR DATES	RMED NO	13	If yes, s	CENDENT Coocify Cube	m, Mexic	en, Puart	RIN? (Specify Ye o Rican, etc.)	e or No—	Black,	- American inc white, etc. hite	dlen,
COMPLETED	15. DECI (Specify only Elementary/Secondary (0 4th	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5	+)	ECEDENT'S Give kind of le. Do NOT u	work done se retired.	during m	ON ost of worki	ng	,	Sb. KIND OF BU	isiness/in			
BE COM	17. FATHER'S NAME (First, MI Peter	ddle, Last)	Pane								, Middle, Malder	Surneme)			
TO B	19a. INFORMANT'S NAME (7) Joseph Ruz			1	96. MAILING 5610	MC	ss (Street	mick Ave Balto. Md. 21206							
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 N offer (Specify) Entomoment OAKLAWN CEMETERY 9-9-91 20e. LOCATION - City or Town, Complete Company of CEMETERY 9-9-91 Balto. Mary														
	21. SIGNATURE OF GOVERNA	ine	\	22	Jose 263	ph 1	ss of Fa	Zanı Kli	nino 3	r. I	Tuner Bali	al Ho	ome 1212		
	23. FART L Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Stroke												Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): LYPERTENSION DUE TO (OR AS A CONSEQUENCE OF):														
CAL	PART II. Other algorificate Anterior			nderlyin	g cause ç	given In	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	CO	ERE AUTOPSY I	CAUSE			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	EB/Outcode at		OTHE	R:	ACE OF D							
ву РНУ	27. MANNER OF DEATH	Pending	26s. DATE OF (Month, Di	INJURY	26b. TIM	-	26c. INJ WO				er (Specify)	NJURY OC	CURED		
	4 Homicide d	Could not be etermined	building,	F INJURY — At he						City	CATION (Street a or Town, State)			e Number,	
COMPLETED	2 MEDIC	AL EXAMINER	CIAN: To the best of an	my knowledge, d	eath occurre	n, in my	time, data opinion, d	and place, eath occur	end due	to the cr	e end plece, en	nner ee atat	ed. e ceuse(s) a:	nd menner es a	rieted.
TO BE	David R.	TO	emann, MD					29c. LICENSE NUMBER 29d. DATE S				. / . /	SIGNED (Month, Day, Year)		

David R. Thiemann, MD 9000 Franklin Square Drive

Baltimore, Maryland 21234

TO BE COMPLETED BY FUNERAL DIRECTOR

	1
	h
	٠
-	
_	
o ï	- 3
ā	
$\overline{}$	7
00	4
ñ	-
BOX 6876	-
×	
0	
\simeq	
ш	
	1
0	
٠.	
•	
-	
S	
0	
_	
	1
0	
$\tilde{}$	
U	
ш	
2	
_	
_	
⋖	
$\overline{}$	i
_	
>	-
	1
Щ,	- 2
0	1
OF VITAL RECORDS,	i
Z	-
$\overline{}$	
U	i
75	-
27	ĺ
5	
DIVISION	
0	

eath. Page 6 may be retained by the hospital or attending physician.	uneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		caminer must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH		EG. NO.	Τ.		
1. DECEDENT'S NAME (First, Miridle, Les CHARLES		LLIAM	RITES		2. DATE OF D	DAY	YEAR 3	0340 A	
4. SOCIAL SECURITY NUMBER 218-09-2449	5. SEX. 6.	AGE (In yrs. last birthday)	IF UNDER I YEAR MONTHS DAYS		7. DATE OF B (Month, Day	ІЯТН	Country)	ACE (State or Foreign	
98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 900 Catens Aue, BALTIMORE RESIDENCE OF DECEDENT									
MARYLAND ANNI	E ARUNDEL		Y, TOWN OR LOC NOLD	LIN			Od. INSIDE CITY LIMITS? YES 2 X NO		
100. STREET AND NUMBER 316 TERNWING DE			1	of. ZIP CODE 21012					
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	if yes, s	CENDENT OF HISPAI	ENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RA			- American Indian, White, atc. WHITE	
15. DECEDENT'S EI (Specify only highest gre	OUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during r		18b. KIN	D OF BUSINESS/	NDUSTRY		
Elementary/Secondary (0-12) 12th	IDER			VERN					
CLEVELAND	17. FATHER'S NAME (First, Middle, Last) CLEVELAND RITES					e, Maiden Surname	7		
19a. INFORMANT'S NAME (Type/Print)	KITES	19b, MAILING	ADDRESS (Stree	NELLIE and Number or Rural			Zip Code)		
RONALD E. RITES		E AS # 1		and the same of	,	_,,,			
20e, METHOD OF DISPOSITION 1	amoval from State	20b. PLACE AND DAT		9_9	20c. LOCATION	— Cify or Town			
21. SIGNATURE OF FUNERAL SERVICE		<u> </u>	22. NAME	AND ADDRESS OF FA	CILITY		AWN, I	D	
23. PART I. Enter the diseases, part allow immediate Cause (Fine) disease or condition resulting in deeth)	or complications that dec. List only one cause		not enter tha n	node of dying, aud	h aa cardiac	pr respiratory	arrest,	Approximate Interval Betwee Onset and De	
DUE TO (OR AS A CONSEQUENCE OF): ASCV								13/	
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING									
CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
PART II. Other eignificant condit	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceues given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C/		pecify)			
27. MANNER OF CEATH 1 Antural 5 Pending	28a. DATE OF IN (Month, Day,	JURY 26b. TII	ME OF 28c. I	NJURY AT WORK?		BE HOW INJURY	OCCURED		
3 Suicide 8 Could not	8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offi								
onei -	YSICIAN: To the best of m							and menner as stated	
29b. SIGNATURE AND TITLE OF CERTIF	FIER DOS	h		29c LICENSE MU	MBER	29d. [DATE SIGNED	Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e, Print) Calf	1 Miles	A	1			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE			-				

PT

-

BALTIMORE, MARYLAND 21215-0020

91-5075-033 FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	4	5	3	2	

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH	
	SHELLY I.	ROBINSON			AY YEAR		
		(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	09 04		8:30 A ^M	
			NTHS DAYS HOURS MIN.	(Month, Day, Year)	Cour	HPLACE (State or Foreign otry)	
				9-06-55	Cal	ifornia	
_	9a. FACILITY NAME (If not institution, give street and number) Adjacent to dumpster	91	. CITY, TOWN OR LOCATION OF D	ATH	9c. COUNTY OF	DEATH	
Ö	410 Sandy Spring Road		L_urel		Prince	Georges	
្រូ			OWN OR LOCATION		TETTICC	Georges	
DIRECTOR	100 000111		10d. INSIDE CITY LIMITS?				
	California none			1 YES 2 NO			
A	10e. STREET AND NUMBER	10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	261 W. Loma Alta Drive		91001		United	States	
15	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	IIC ORIGIN? (Specify Var			
	1 Never Merried 2 Merried FORCES? 1 YES	2)()(0)	If yee, specify Cuben, Mexico	n, Puerto Ricen, etc.)	Blee	CE — American Indian, ck, White, atc.	
В	3 Wildowed 4 Divorced	77.129	1 TES 2 XNO Specif	·:	Spe	ROID	
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S USI	JAL OCCUPATION	16b. KIND OF BUI	SINESS/INDUSTRY	תנוטו	
П	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working tired.)				
급	12th grade 2 years	Clerica	l Worker	Prive	ate Ind	netmy	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ustry	
	Alvin Robinson		CI oday	ME (First, Middle, Maiden B Davids	Sumeme)		
띪							
ဥ	19e. INFORMANT'S NAME (Type/Print)	196. MAILING AD	DRESS (Street and Number or Rural	Noute Number, City or Tow	n, State, Zip Code)	91001	
	Gladys Robinson	261 W.	Loma Alta Di	rive, Ali	tadena,	California	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation T Ramoval from Stata	b. PLACE AND DATE OF D	ISPOSITION (Name of	DATE 20c. LO	CATION - City of T	own, State	
	4 Donation 5 Other (Specify)	matery, crematory or other, reenmount	Crematory9-	10-91 Ba	altimor	e Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEI	^	22. NAME AND ADDRESS OF FA	THE IT'V			
	Malia Rexa	_ 0	Calvin B.	Scruggs I	Funeral	Home	
	and Derices	630V	11412 E. Pres	ston St.	Balto	Md. 21213	
	23. PART I. Enter the disesses, or complications that cause shock, or heart failure. List only one cause on	the desth. Do not	enter the mode of dying, suc	as cardiac or respi	retory srrest,	Approximate	
	IMMEDIATE CAUSE (Final	esch line.				Intervsi Between Onset and Death	
	disease or condition	0	0~	Strangul	otion)	Oliser and Death	
	resulting in dasth) s.	A CONSEQUENCE OF:	apon	Burangur	La CLOII)		
		3					
CERTIFICATION	Sequentisity list conditions, b.	A CONSEQUENCE OF):					
F	If any, lesding to immediata cause. Enter UNDERLYING	A CONSECUENCE OF):					
유	CAUSE (Disesse Dr Injury						
E	that initiated avents resulting in death) LAST	A CONSEQUENCE OF):					
岚	d						
	PART II. Other significant conditions contributing to death if	out not resulting in th	te underlying cause given in	Don't las una su			
EDICAL		and the second second	ie underlying cause givan in	Part I. 24a. WAS AN PERFOR		AVAILABLE PRIOR TO	
0				1 YES 2	□ NO	CDMPLETION DF CAUSE OF DEATH?	
Σ					ľ	1 YES 2 NO	
ÿ	<u> </u>						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Che	ck only one)			
Sic	EXAMINENT 1 X YES 2 □ NO HOSPITAL: 1 □ Inpetiant 2 □ ER/Out	patient 3 DOA 4	HER:	X	, ,		
	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence	26d. DESCRIBE HOW I	parki	ng lot	
	1 Netural 5 Pending (Month, Day, Year)	INJURY.	WORK?				
βÁ		1991 8:74	A TOTES ZE NO	Subject	strang	led	
	3 Suicide 6 Could not be datarmined 2ss. PLACE OF INJURY building, atc. (Spe	— At home, farm, stree	, factory, offica	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,	
	Un	cnown		Unknowr			
P	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurred at	the time, data end place, and dua				
2	One) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(a) and menner as state						
띪			29c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)	
2	/\ \ \ / / \ \ \ /		O.C.M.1	· .	09	05 1991	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	1)				
	ANN M. DIXON, M.D.	111 Per	n Street. Ba	altimore	Marula	nd 21201	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	ATURE	De De	TOTALIOTO	Har yra	41401	
	SEP 1 0 1991 July Davidson-Ro	ndell					
	1					DHMH-16 Rev 1/89	
						PEDMITH TO MAY 1/89	

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mained by presented to the TOTHE FUNEVAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be seen to be filled within 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burifal, cremation, or removal. WINDRIVEL IN THE PROPERTY OF THE PROP	BALTIMORE, MARYLAND 21215-0020	s after death, Page 6 may be retained by the assessed in amending physical	by the funeral director, page 5 should be perfected for see as the hursal	emoval.	diesi examiner must be notified at other
223	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or n	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be natified as

	REGISTRAR		CERTIFIC	ATE OF DEAT	ГН	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)	Mary Benit	ia Schatz		-	2. DATE OF DEATH	AY YE.	3. TIME OF DEATH 9:35 A. M		
	4. SOCIAL SECURITY NUMBER 214-66-2687	1 □ M 2 🗱 8		UNDER 1 YEAR IF UNDER NOTHS DAYS HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 6/15/05		BIRTHPLACE (State or Foreign Country)		
TOR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 81 TIMORE 90. COUNTY OF DEATH 81 TIMORE									
DIRECTOR		timore			10d. INSIDE CITY LIMITS? 1 YES 2 TO RO					
FUNERAL		6401 N. Charles St. 21212						OF WHAT COUNTRY?		
BY	11, MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced							RACE — American Indien, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re Teacher	done during most of working	ng .	16b. KIND OF BUS	siness/inousti			
BE COM	17. FATHER'S NAME (First, Middle, Last) George Schatz		10001161	18. моть	ry E	(First, Middle, Maiden Do	Surnemel			
TO B	19a. INFORMANT'S NAME (Type/Print) 3. Bernice Feili		19b. MAILING AD 6401 N	oness (Street end Number Charles	or Rural Rou	, Baltime	n, State, Zip Code	d. 21212		
	20c. METNOD OF DISPOSITION Burlel 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE of DISPOSITION (Name of Completely Cremation of Chief (Specify) DATE 20c. LOCATION - City or Town, State Cemetery Clen Arm, Md.									
	John G. Reitz	2 John	Red		rk Rd	. Baltimo	re, Man	ryland 21212		
CERTIFICATION	23. PART I. Enter the diseasea, or c shock, pr heert feliure. I IMMEDIATE CAUSE (Finel disease pr condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS	each line.	mator		enset		Approximate Interval Between Onaet and Death		
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DE						
ву РНҮ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	280. DATE OF INJURY (Month, Day, Year) 8-31-91	28b. TIME OF INJURY	WORK?	26	Bd. DESCRIBE HOW IN		emily home		
	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) — City or Town, State) 28f. LOCATION (Street and Number or Bural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(e) and menner ee steted. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner ee stated.									
TO BE (295 SIGNATURE AND TITLE OF CONTINUES 30. NAME AND ADDRESS OF PERSON WHO	allager COMPLETED CAUSE OF DE		Do	178	10	D 911	NED (Month, Day, Year) 40		
	31. NAME AND ADDRESS OF PERSON WHO LACENCE IZ. CAL 31. DATE-FILED (Month. Day, Year)			BALTO.	MD.	LILKENS 2122	9 PINE	μτς 		
	31. SEP 10 1991	132. REGISTRAR'S SIGN Fisha Davidson-V	andell	·						



PARTY OF THE TAX STREET STREET

DALIMONE, MANIENIA	nin 24 hours after death. Page 6 may be retained by the hos	lely filled in by the funeral director, page 5 should be detach nation, or removal.	t, the medical examiner must be notified at once.
Elvision of VIIAC RECORDS, F.O. BOX 507.00,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGI REG. I				
	1. DECEDENT'S NAME (First, Middle, Lest)	CEARNEY	Α. :	SMITH, S	R	2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-12-1575 98. FACILITY NAME (If not institution, give s	1 🖾 M 2 🗆 F	in yrs. lest birthdey) 66 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 5-19	1925	BIRTHPLACE (State or Foreign Country) Md		
OR	Liberty Medica		-3	Balti		EAIN	9c. COUNTY	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 104. STATE 10b. COUNT	Y	0.000	, town on Locat	ION			10d. INSIDE CITY		
	Md 104. STREET AND NUMBER 20						10a CITIZE	1 TYPES 2 NO		
FUNERAL	2029 N. Smallwo	od Street	COD SIKE	E.I	21216			10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	U.S. ARMED 2 NO ATES	If yes, spe		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:		Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		USUAL OCCUPATION work done during mode retired.)		18b. KIND OF	BUSINESS/INDUS			
ш	17. FATHER'S NAME (First, Middle, Lest) Moses Smith					ME (First, Middle, Mei Beckett				
TO B	19a. INFORMANT'S NAME (Type/Print) Patricia Smi	th	19b. MAILING	ADDRESS (Street SMA)	nd Number or Rural	Floute Number, City or	Town, State, Zip Co	e. Md 21216		
	28a METHOD OF DISPOSITION 1 Description Buriel Cremetion Section Beauty Description Section Section Beauty Description Des	noval from State 201	PLACE AND DATE	OF DISPOSITION	(Name	91291 Ov	LOCATION CH	y or Town, Blata		
	21. BIGHATURE OF PUNERAL SERVICE U			22. NAME AN	DADDRESS OF FA	CILITY		115, Mu		
	23. PART I. Enter the diseases, or shock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused List only one cause on e	ach ilna.					Approximate interval Betwee Onset and Dast		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition	dns contributing to deeth b			g cause given in	PEF	S AN AUTOPSY IFORMED? S 2 MNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)				
PHYSI	1 PES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 PR/Out	pertient 3 DOA 28b. TIM	4 - Nursing Hom		6 Other (Specify)		RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	JURY WO	RK? /ES 2 NO					
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLET	Torrow orny	BICIAN: To the best of my know ER: On the basis of examination						l. cause(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	D. Path	= mo	2	29c, LICENSE NU	9609	29d. DATE	SIGNED (Month, Day, Year)		
Ĭ	30. NAME AND ADDRESS OF PERSON W R. Pattern W 31. Date Pres (Month, Day, Mar)	HO COMPLETED CAUSE OF DE	200/03-	Print)	us z	LS. Gre	eno fr	· Balto		

DNMH-16 Rev 1/69

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

State Name	the funeral director, page 5 should be detained for the second stransit permit. Pages 1, 2, 3 should	vai.	examiner must be notified at once.
10 THE MUSTIAL OR ALLENDING PRISICIANT, THE LAW TEQUINGS THAT THE UPDATE COLUMN CONTROL CAN HOURS AND ALEGAINS AND THE COLUMN CAN HOURS AND THE CO	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be discussed by the transfer of the funeral director, page 5 should be discussed by the transfer of the funeral director, page 5 should be discussed by the transfer of the funeral director, page 5 should be discussed by the funeral director and the funeral director	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR	STATE OF MARY	/LAND / DEPAR	RTMENT OF I	IEALTH AND I	MENTAL HYGIFN		24535	
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ERNESTINE R. S			ICATE OF		REG. NO		3. TIME OF DEATH 6:00 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	iE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNGER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign unity)	
	220-44-2538				-300	07/26/97		ARYLAND	
er	9a. FACILITY NAME (If not institution, give	- 15	OR LOCATION OF DE	EATH	9c. COUNTY O	F DEATH			
5	BON SECOURS EXTE	NDED CARE	ELLIC	OTT CITY		HOWAR	D		
DIRECTOR	MARYLAND 10b. COUNT HOW		ry, town or loca LICOTT C				tod. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 3486 PLUM TREE D	RIVE		10	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			II yea, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puarto Ricen, atc.) 1 YES XX NO Specify: WHITE				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT L	WORL OCCUPATE work done during m use retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	NY .	
M	12		HOUSEW:	LFE		OWN HO			
BE CO	17. FATHER'S NAME (First, Middle, Last) WILLIAM	REIN	HARDT		AGNES				
2	190. INFORMANT'S NAME (Type/Print) DOROTHY COONAN (Route Number, City or You ELLICOTT							
	20a. METHOD OF DISPOSITION 1.A. Burlel 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)	noval from State		DLAWN ,					
V.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL 1630 EDMODNSON AVE CATONSVILLE, MD								
	23 PART I, Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition	. List only/one cause or	n aach iine.	not enter the m	ode of dying, suc	h aa cardiac or reap	iratory arrest,	Approximate interval Between Onset and Daath	
	resulting in death) a. UNGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):							YEARS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events that initiated events								
ERT	resulting in death) LAST	d							
PHYSICIAN: MEDICAL C	PART II. Other significent condition LOBAR PNEU		h but not resulting	In the underlying	g cause given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ä									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 VI NO	1 - Inpatient 2 - ER/C		4) Nursing Ho	ne 5 🗆 Residence				
	27. MANNER OF DEATH 1 ☑ Netural 5 ☐ Pending	28a. DATE OF INJUI (Month, Day, Yes		IJURY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURE	D	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Ce Ce	281. LOCATION (Street City or Town, State		ural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basts of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER							NED (Month, Day, Year)	
TO BE	Lois E. Nielsen MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D38327 > 09/07/91							107/91	
					15 RO#	200, ELL	1COTT C	174, MO 21042	
	SEP 1 0 1991	Julia Davidson	fandell.			J			

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trampt be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

REGISTRAR		C	ERTIFIC	CATE C	F DEATH		REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last		Smith				3	67	190	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		ONTHS DAY		s. 7. DA	TE OF BIRTH onth, Day, Year)	*	8. BIRTHP	PLACE (State or Foreign
028-16-2483	1X M 2 □ F	68	YRS.	OHTHS DAT	S HOURS MIN	No	y. 1, 1	922	Massa	achusetts
9e. FACILITY NAME (If not institution, give	re street and number)		9	b. CITY, TOV	N OR LOCATION OF	DEATH		9c. COUN	TY OF OE	ATH
204 E. Joppa Ro	oad			Tows	on			Bal	timo	re
RESIDENCE OF DECEDENT 0e. STATE 10b. COU	NTY		10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY
aryland Ba	ltimore		ТС	wson						LIMITS?
0e. STREET AND NUMBER	CIMOLE				101. ZIP CODE			10g. CITIZ		HAT COUNTRY?
204 E. Joppa Re	oad				21204			υ.	S.A.	
1. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED		DECENDENT OF HIS			a or No	14. RACE	American Indien,
Never Merried 2 Married Wildowed 4 Divorced	IF YES, GIVE V	YES 2 X	NO		, specify Cuben, Me YES 2 NO Sp	xicen, Pue ecity:	rto Ricen, atc.)		Specify	White, atc. White
15. DECEDENT'S E (Specify only highest gn		18e. D	ECEDENT'S US	SUAL OCCUP	ATION most of working		18b. KIND OF BI	JSINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT use i	retired.)	most of working					
12 yrs.	8 yrs.	F	riest				Catholi	.c Chu	rch	
7. FATHER'S NAME (First, Middle, Last)	- 113				16. MOTHER'S	NAME (Fi	st, Middle, Malde			
	Smith				Suzar			lynn		
9a. INFORMANT'S NAME (Type/Print)					et and Number or Ru			_		
Charles Cawley					Road Wil				.9807	
Da. METHOD OF DISPOSITION Disposition 3 A	amoval from Stata	other p	olace)		cemetery, crematory	or		OCATION (
☐ Donation 8 ☐ Other (Specify) 1. SIGNATURE OF FURERAL SERVICE		Mt. Ma	aria C	_			Tor	vson,	Mary	land
1. SIGNATURE OF FURNAL SERVICE	1		/		E AND ADDRESS OF				10	50 York Roa
Carlo	7. (an	all n	6.	Ruck	Towson 1	uner	al Hom	e, Inc	· mov	son. Md.212
Sequentially list conditions, of eny, leading to immediate susse. Enter UNDERLYING AZUSE (Disease or injury hat initiated events sesuiting in death) LAST	b	(OR AS A CONSE	EOUENCE OF):							
PART II. Other signiticent condit	ilons contributing to	death but not	resulting in	the underl	ying ceuse given	in Part i		RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL					S. PLACE OF DEATH	Check	1 (1000)			
EXAMINERT	HOSPITAL:	ED/Outcotter		OTHER:						
7. MANNER OF DEATH	1 Inpatient 2	F INJURY	28b. TIME		Home 5 Artealder		Other (Specify) DESCRIBE HOW	INJURY OCC	CUBED	
1 Natural 5 Pending 2 Accident Investigation	(Month, L	Day, Year)	INJUR	RY M 1	WORK?					
3 Suicide 8 Could not determined	building.	OF INJURY At h , etc. (Specify)	iome, tarm, str	eet, factory,	Office	28t.	LOCATION (Stree City or Town, Stat	t end Number	or Rural A	oute Number,
anal .	IYSICIAN: To the best of									and manner ee atated.
90. SMINATURE AND TITLE OF CERTI	FIER FOR)an	nesi	me	280 ICENSE	NUMBER	2 82	29d. DATE	SIGNED	Month, Day, Year)
AND ADDRESS OF PERSON	WHO OMPLETED CAU	ISE OF DEATH (IT	EM 27) (Type, P	rint)	4.4/2	1	VICA	DI	111	-21013
s. DATE FILED (Month, Day, Your)	P 9 1991	A S SIGNATURE	avid.	Bonda	7-14-1					LAILLAN . L
- 4	1-1001	- June		10.00						DUMM to Bou to

1 - STATE REGISTRAR	STATE OF		CERTI	IUMI			п		REG. NO).			
1. DECEDENT'S NAME (First, Mid	idle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
John	Garv		Sc	hwai	ctz			00				6:10 A	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE ((In yrs. lest birthday) IF UNDE	R 1 YEAR	IF UNDER	-		OF BIRTH		6, BIRTHI	PLACE (State or Foreign	
217-48-5329	1 € M 2 □ F	30	YRS.	MONTHS	DAYS	HOURS	MN.		th, Day, Year) y 28,1	961	Mars:	land	
9e. FACILITY NAME (If not institut	tion, give street end number)			9b. CIT	Y, TOWN O	R LOCATIO	N OF DE		y 20,1	_	NTY OF DE		
8010 Croo.													
8019 Green RESIDENCE OF DECED 100. STATE 10b Maryland		пе		10wings Mills Baltimore						re			
10e. STATE 10b	10c. C	ITY, TOWN	OR LOCATI	ION						10d. INSIDE CITY			
	Maryland				ore (City						LIMITS?	
100. STREET AND NUMBER				10f, ZIP CODE						10g. CITI	HAT COUNTRY?		
2854 Pelham	n Avenue			21213						U.S.A.			
100. STREET AND NUMBER 2854 Pelham 11. Marrital Status	12. WAS DECED	ENT EVER IN	N U.S. ARMED	13.									
	IF VES CIVE	1 YES			If yes, spe	cify Cuben	, Mexicen	, Puerto	Ricen, atc.)	0. 1.0		— American Indian, White, etc.	
3 Widowed 4 Divorced	11 120, 0170	twin on by	AILS		I L YES	SX. NO	Specify.				Specifi	White	
15. DECEDEN	NT'S EDUCATION	T	16e. DECEDENT	S USUAL C	CCUPATIO	N		T 16	, KIND OF BU	SINESS/IND		WILLE	
Elementery/Secondary (0-12)	hest grade completed) College (1-4 or	5+)	(Give kind o	f work done use retired.)	during mos	t of working	7						
12 yrs.	222ge (1-4 til		Warehou	se s	tock	Sela	cto	- M	C Com	ick o	'Omn -	ntr	
17. FATHER'S NAME (First, Middle,	Last)				20017				Middle, Maiden		ompa	шу	
Allan E.	Schwartz	,			- 1								
19e. INFORMANT'S NAME (Type/P				0.4==	2.0		ildr		Joyc				
	,		196. MAILIN	G ADDRES	S (Street an	nd Number (or Rural R	oute Nun	ber, City or Tow	n, State, Zip	Code)		
Julie M. Schw	artz			e as									
1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Spec	Removal from State	20b.	PLACE AND DATE	of DISPO	SITION (Nan	ne ol		DAT	E 20c. LO	CATION —	City or Tow	vn, State	
		Hi	litop S	ervi	ce Co	rpor	atio	n9/	9/\$1	Towso	n, M	aryland	
21. SIGNATURE OF FURERAL SES	21. SIGNATURE OF FURNISHED LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	/ / / -										10	50 Vork Po	
Carl	7.100	ans				ใดพรด	n Fu	ner:	al Hom	o Tn		50 York Ro	
23. PART I. Enter the disease	J. Jan	CASA	The death Do	Ru	ıck T	Owso:	n Fu	ner	al Hom	e, In	C TO	wson, il.21	
	ses, or complications it	har caused	the death. Do	Ru	ıck T	OWSO:	n Fu	ner	al Hom	e, In	C TO	WSON, id.21	
IMMEDIATE CAUSE (Final	ses, or complications to failure. List only one	na caused suae on ea	the death. Do	Ru	ıck T	OWSO:	n Fu	ner	al Homo	e, In	C TO	wson, il.21	
andok, or near	a. MORPHI	NE & J	COCAINE	Rt not enter	ick T	le of dyin	ig, such	ner	al Homidiac or reapi	e, In	C TO	Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition	a. MORPHI	NE & J	ach line.	Rt not enter	ick T	le of dyin	ig, such	nera aa car	al Homo	e, In	C TO	Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MORPHI	NE &	COCAINE	INTOF):	ick T	le of dyin	ig, such	ner	al Hom	e, In	C TO	Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. MORPHI	NE &	COCAINE	INTOF):	ick T	le of dyin	ig, such	ner	al Homodiac or reap	e, In	C TO	Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. MORPHI	NE &	COCAINE	INTOF):	ick T	le of dyin	ig, such	ner	al Homodiac or reap	e, In	C TO	Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. MORPHI	NE & O	COCAINE	INTO	ick T	le of dyin	ig, such	ner	al Homidiac or reapi	e, In	C TO	Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. MORPHI	NE & O	COCAINE CONSEQUENCE	INTO	ick T	le of dyin	ig, such	ner	al Homidiac or reapi	e, In	C TO	Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. MORPHI TUE 1 c. DUE 1 d.	NE & TO (OR AS A	COCAINE CONSEQUENCE (CONSEQUENCE (Rt INTY OF):	r the mod	TION	g, such	aa can	al Hom	e, In	C TO	Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. MORPHI TUE 1 c. DUE 1 d.	NE & TO (OR AS A	COCAINE CONSEQUENCE (CONSEQUENCE (Rt INTY OF):	r the mod	TION	g, such	aa can	diac or reap	AUTOPSY	c. To	Approximate Interval Between Onaat and Deat	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. MORPHI TUE 1 c. DUE 1 d.	NE & TO (OR AS A	COCAINE CONSEQUENCE (CONSEQUENCE (Rt INTY OF):	r the mod	TION	g, such	aa can	24e. WAS AN	AUTOPSY MED?	est,	Approximate interval Between Onaat and Deat Onaat Onaat And Deat Onaat O	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. MORPHI TUE 1 c. DUE 1 d.	NE & TO (OR AS A	COCAINE CONSEQUENCE (CONSEQUENCE (Rt INTY OF):	r the mod	TION	g, such	aa can	diac or reap	AUTOPSY MED?	est,	Approximate interval Between Onaat and Deat Onaat A	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. MORPHI TUE 1 c. DUE 1 d.	NE & TO (OR AS A	COCAINE CONSEQUENCE (CONSEQUENCE (Rt INTY OF):	r the mod	TION	g, such	aa can	24e. WAS AN	AUTOPSY MED?	est,	Approximate interval Between Onaat and Deat Onaat Onaat And Deat Onaat O	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant or	a. MORPHI TO E 1 C. DUE 1 d. DOING STATE OF THE STATE	NE & TO (OR AS A	COCAINE CONSEQUENCE (CONSEQUENCE (Rt INTY OF):	ack Trithe mod	TION	ven in F	aa can	24e. WAS AN PERFOR	AUTOPSY MED?	est,	Approximate interval Between Onaat and Deat Onaat A	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of EXAMINER?	a. MORPHI c. DUE 1 d. DUCAL HOSPITAL:	NE & OR AS A	COCAINE CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (ut not resulting	INTO INTO DED:	ndariying	TION cause gi	ven in F	Part I.	24e. WAS AN PERFOR	AUTOPSY MED?	est,	Approximate interval Between Onaat and Deat Onaat A	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant or EXAMINER? 1 X YES 2 NO	a. MORPHI c. DUE 1 d. DUE 1 d. HOSPITAL: 1 Inpatient 2	NE & TO (OR AS A T	COCAINE CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (ut not resulting	INTO	ndariying 26. PLA R: sing Home	TION cause gi	ven in F ATH (Checklidence 6	aa carriati.	24e. WAS AN PERFOR	AUTOPSY IMED?	est,	Approximate interval Between Onaat and Deat Onaat A	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant or EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH	b. DUE 1 c. DUE 1 d. DICAL HOSPITAL: 1 Inpatient 2	NE & TO (OR AS A T	COCAINE CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (The consequence (CONSEQUENCE	INTO	ndariying	TION Cause gi	ven in F ATH (Checklidence 6	aa carriati.	24e. WAS AN PERFOR	AUTOPSY IMED?	est,	Approximate interval Between Onaat and Deat Onaat A	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant or EXAMINER? 1 X YES 2 NO	a. MORPHI TUE 1 c. DUE 1 d. DICAL HOSPITAL: 1 Inpatial: 280. DATE (Month, Month) Mighting 19/3	NE & TO (OR AS A T	COCAINE CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C THE CONSEQUENCE C CONSEQUENCE	INTX DF): DF): OTHER 4 Nur ME OF JURY MENORE OF	The mod	TION Cause gi	ven in F	aa carriati.	24e. WAS AN PERFOR	AUTOPSY MED? NO	est,	Approximate interval Between Onaat and Deat Onaat A	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant of EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural	b. DUE 1 c. DUE 1 d. DICAL HOSPITAL: 1 Inpatien: 28e. DATE (Month, 9/3 d not be	NE & TO (OR AS A T	COCAINE CONSEQUENCE (CONSEQUE	INTX DF): DF): OTHER 4 Nur ME OF JURY MENORE OF	The mod	TION Cause git S T Rest	ven in F ATH (Checkledence 6	aa carril.	24e. WAS AN PERFOR	AUTOPSY MED? NO NJURY OCC	24b.	Approximate Interval Between Onaat and Death O	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural	b. DUE 1 c. DUE 1 d. DICAL HOSPITAL: 1 Inpatien: 28e. DATE (Month, 9/3 d not be	ID (OR AS A TO (OR	COCAINE CONSEQUENCE (CONSEQUE	INTX DF): DF): OTHER 4 Nur ME OF JURY MENORE OF	The mod	TION Cause git S T Rest	ven in F ATH (Checkledence 6	aa carril.	24e. WAS AN PERFOR	AUTOPSY MED? NO	24b. 1	Approximate Interval Between Onaat and Death O	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant or EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural	a. MORPHI TOUE 1 d. DUE 1 d. DICAL HOSPITAL: 1 Inpatient 2 28e. DATE 6 (Month, 9 / 3 26e. PLACE building HOU	DE ER/Outpe DE HIJURY Dey, Year) OF INJURY OF INJURY OF INJURY OF INJURY SE	COCAINE CONSEQUENCE (CONSEQUE	INTO OF): OF): OTHEL 4 Nur ME OF JURY MANUAL ARTERIA (ACC) atreet, fact	The mod	TION Cause given the cause gi	ven in F ATH (Chec	aa carrila da carrila	24e. WAS AN PERFOR	AUTOPSY MED? NO NJURY OCC NJURY OCC NJURY OCC	24b. VRED	Approximate Interval Between Onaat and Death O	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant or EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural	a. MORPHI C. DUE 1 d. DU	INE & OF INJURY Day, Year) OF INJURY Day, Year) OF INJURY D, etc. (Special SE)	COCAINE CONSEQUENCE (CONSEQUE	INTOP): In the unit of the un	ndariying 26. PLA R: sing Home 28c. INJUI 40 Tory, office	TION Cause gir S Resiliery AT ES 2	ven in F ATH (Chec	aa carrila	24e. WAS AN PERFOR (7) YES 2 (7) (Specify) (CRIBE HOW II UNKNU ATION (Street a or Town, State) (T I MORE	AUTOPSY MED? NO NJURY OCC NJUR	24b. VRED	WSON, id.21 Approximate Interval Betweel Onaat and Deate Onaat	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant or examiner? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural	b. DUE 1 c. DUE 1 d. DIGAL HOSPITAL: 1 Inpatient 2 28e. DATE C (Month. 9 / 3 26e. PLACE wing Machine HOLD) 162 PHYSICIAN: To the best of EXAMINER: On the best of	INE & OF INJURY Day, Year) OF INJURY Day, Year) OF INJURY D, etc. (Special SE)	COCAINE CONSEQUENCE (CONSEQUE	INTOP): In the unit of the un	ndariying 26. PLA R: sing Home 28c. INJUI 40 Tory, office	TION Cause gir S Resiliery AT ES 2	ven in F ATH (Chec	aa carrila	24e. WAS AN PERFOR (7) YES 2 (7) (Specify) (CRIBE HOW II UNKNU ATION (Street a or Town, State) (T I MORE	AUTOPSY MED? NO NJURY OCC NJUR	24b. VRED	WSON, id.21 Approximate Interval Betweel Onaat and Deate Onaat	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant or EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural	b. DUE 1 c. DUE 1 d. DIGAL HOSPITAL: 1 Inpatient 2 28e. DATE C (Month. 9 / 3 26e. PLACE wing Machine HOLD) 162 PHYSICIAN: To the best of EXAMINER: On the best of	INE & OF INJURY Day, Year) OF INJURY Day, Year) OF INJURY D, etc. (Special SE)	COCAINE CONSEQUENCE (CONSEQUE	INTOP): In the unit of the un	The mod	TION Cause gir S Resiliery AT ES 2	ven in F ATH (Chec	Part I. Other 26d. Description of the certain date and the certain date	24e. WAS AN PERFOR (7) YES 2 (7) (Specify) (CRIBE HOW II UNKNU ATION (Street a or Town, State) (T I MORE	AUTOPSY MED? NO NJURY OCC	24b. VIRED Or Rural Ro	WSON, id.21 Approximate Interval Betweel Onaat and Deate Onaat	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant of EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural	a. MORPHI TO E 1 C. DUE 1 d. DUE 1 d. DICAL HOSPITAL: 1 Inpatient 2 28e. DATE (Month, 9/3) 26e. PLACE building HOLL IG PHYSICIAN: To the best of EXAMINER: On the best of the best	NE & OF OR AS A TO (OR AS A TO	COCAINE CONSEQUENCE (CONSEQUE	INTO DF): DF): OTHER A Nur ME OF JURY ME Nor Atreet, fact red at the t	The mod	Cause give the cause	ven in F ATH (Chec NO NO end due to d at the til	Part I. Part I. Other Congression of the cereme, date	24e. WAS AN PERFOR (7) YES 2 (7) (Specify) (CRIBE HOW II UNKNU ATION (Street a or Town, State) (T I MORE	AUTOPSY MED? NO NJURY OCC NJURY OCC NJURY OCC AUTOPSY MED? OR NO NJURY OCC NJURY	24b. VRED Or Rural Ro Couse(s) Signed (i	WSON, IR.21 Approximate Interval Betweel Onaat and Deatl Onaat and Deatl WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? If YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant or examiner? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural	a. MORPHI TO E 1 C. DUE 1 d. DUE 1 d. DICAL HOSPITAL: 1 Inpatient 2 28e. DATE (Month, 9/3) 26e. PLACE building HOLL IG PHYSICIAN: To the best of EXAMINER: On the best of the best	NE & OF OR AS A TO (OR AS A TO	COCAINE CONSEQUENCE (CONSEQUE	INTO DF): DF): OTHER A Nur ME OF JURY ME Nor Atreet, fact red at the t	The mod	Cause give the cause	ven in F ATH (Chec	Part I. Part I. Other Congression of the cereme, date	24e. WAS AN PERFOR (7) YES 2 (7) (Specify) (CRIBE HOW II UNKNU ATION (Street a or Town, State) (T I MORE	AUTOPSY MED? NO NJURY OCC	24b. VIRED Or Rural Ro	WSON, id.21 Approximate Interval Betweel Onaat and Deate Onaa	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant of EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural	a. MORPHI TO E 1 C. DUE 1 d. DUE 1 d. DICAL HOSPITAL: 1 Inpatient 2 28e. DATE (Month, 9/3) 26e. PLACE building HOLL IG PHYSICIAN: To the best of EXAMINER: On the best of the best	ID (OR AS A TO (OR	COCAINE CONSEQUENCE (CONSEQUE	INTO DF): DF): OTHER A Unit ME OF JURY ME OF JURY ME OF, JURY ME	ndarlying 26. PLA 26. PLA 26. INJUI	Cause give the cause	ven in F ATH (Chec NO NO end due to d at the til	Part I. Part I. Other Congression of the cereme, date	24e. WAS AN PERFOR (7) YES 2 (7) (Specify) (CRIBE HOW II UNKNU ATION (Street a or Town, State) (T I MORE	AUTOPSY MED? NO NJURY OCC NJURY OCC NJURY OCC AUTOPSY MED? OR NO NJURY OCC NJURY	24b. VRED Or Rural Ro Couse(s) Signed (i	WSON, IR.21 Approximate Interval Betweel Onaat and Deatl Onaat and Deatl WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? If YES 2 NO	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-002

1991

3. TIME OF DEATN

8:30

e. BIRTNPLACE (State or Foreign Country) MAryland

PM

2. DATE OF DEATH

7. DATE OF BIFTH
(Morth, Day, Year)
Jan. 12, 1934

5. SEX

1 🗌 M 2 🔀 F

1. DECEDENT'S NAME (First, Middle, Last)

215-30-9215

Sa. FACILITY NAME (If not institution, give street and

FOR STATE REGISTRAR

MARGARET

4. SOCIAL SECURITY NUMBER

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel
376	pat	COTT
99	поек	and
X	pe	Cian
ĕ	cate	PySil
o'	ertifi	Du Du
۵.	ath c	tend
Ś	de	e at
0	the	y th
H	that	D D
ပ	res	signe
E E	requ	een
_	MB	as b
<	The	e h
Ξ	Z.	fical
ц	SICIA	certi
0	PHY	this
Z	NG	After
<u> </u>	END	R.
Ĭ	ATT	Ë
	8	DIR
	TAL	AL
	OSP	CNE
	H H	FF
	=	É
	F	F

FALLSTON GIRESIDENCE OF DECEDENT 10a. STATE 10b. COUN Md . 10c. STREET AND NUMBER 715 Karen I 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest gree Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Lest) Conrad Janis	Harford Drive 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	S. ARMED [XNO] B. DECEDENT'S US (Give kind of work ifte. Do NOT use in	13. WAS D If yes, 1 YI	SVILLE 101. ZIP CODE ECENDENT OF HISPANIC C specify Cuban, Maxican, Pt ES 2 1 No Specify:	arto Rican, atc.)		1 [USA	
715 Karen 1 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grave) 12th 17. FATHER'S NAME (First, Middle, Lest) Conrad Janis	Drive 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES DUCATION de completed) 16.	S. ARMED S. S	Kings 13. WAS D If yes, 1 Y	SVILLE 101. ZIP CODE ECENDENT OF HISPANIC C specify Cuban, Maxican, Pt ES 2 1 No Specify:	RIGIN? (Specify Yea arto Rican, atc.)		USA 4. RACE — A	LIMITS? YES 2 NO COUNTRY? American Indian, ilia, atc.
715 Karen 1 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grave) Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Lest) Conrad Janis	12. WAS DECEDENT EVER IN U. FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATE: DUCATION de completed) 16.	a. DECEDENT'S US (Give kind of word life. Do NOT use in	13. WAS D If yes, 1 YI	ECENDENT OF HISPANIC C specify Cuban, Maxican, Pa ES 2 NO Specify:	RIGIN? (Specify Yea arto Rican, atc.)		USA 4. RACE — Black, W	COUNTRY? American Indian,
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest gree Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last) Conrad Janis	12. WAS DECEDENT EVER IN U. FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATE: DUCATION de completed) 16.	a. DECEDENT'S US (Give kind of word life. Do NOT use in	If yes, 1 Yes	specify Cuben, Maxican, Pu ES 2 NO Specify:	RIGIN? (Specify Yea arto Rican, atc.)	or No—	4. RACE — A	rite, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grave) Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Lest) Conrad Janis	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES UCATION de completed) 16	a. DECEDENT'S US (Give kind of word life. Do NOT use in	If yes, 1 Yes	specify Cuben, Maxican, Pu ES 2 NO Specify:	arto Rican, atc.)	or No— 1	Black, Wi	rite, atc.
(Specify only highest green in the control of the c	de completed)	(Give kind of work life, Do NOT use n	k done during i	TION			V	
12th 17. FATHER'S NAME (First, Middle, Last) Conrad Janis	de completed)	(Give kind of work life, Do NOT use n	k done during i		ARL MINE OF BUILD			Allice
12th 17. FATHER'S NAME (First, Middle, Last) Conrad Janis			etired.)		16b. KIND OF BUS	SINESS/INDU	STRY	
Conrad Janis		Salesp	erson	n	Card	Shop)	
				18. MOTHER'S NAME (
	sh					Henni		
Al Silvano		196. MAILING AD	DRESS (Stree	and Number or Rural Route	Number, City or Town	n, State, Zip C	ode)	. 7
On. METNOD OF DISPOSITION	20h BI					-		
Surtal 2 Cremation 3 Res	moval from Stata coneter	r I Son	Fores					
1. SIGNATURE OF FUNERAL SERVICE L		1 1 /						
Connelle	1 Funda	Home						re.21221
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c. DUE TO (OR AS A COI	NSEQUENCE OF):	the underlyi	ng ceuse given in Part	PERFOR	MED?	CON DF 0	NE AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATHY -YES 2 \(\square\) NO
5. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	HOSPITAL:		THER:					
7. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	28c. IN	IJURY AT 28d		LJURY OCCUP	RED	
2 Accident Investigation 3 Suicida 8 Could not be 4 Nomicide datarmined	28a. PLACE OF INJURY — A building, atc. (Specify)	it home, farm, atre-			LOCATION (Street at City or Town, State)	nd Number or	Rural Route	Number,
Contract of the contract of th	Oa. METNOD OF DISPOSITION Surfal 2 Cremation 3 Record Rec	Dealer Service Comments Service Licensee Donation Service Service Licensee Comments of Service Service Licensee Comments of Service Licensee Com	Dealer Donation 20b. PLACE AND DATE OF Specify 20b. PLACE OF INJURY 20b. TIME OF Specify 20b. PLACE OF INJURY	Death 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION Complete (sequelogy) of other page) P. C.	Densition S Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY (CONNET I) 23. PART I. Enter the disease, of complications that cause on each line. 24. PART I. Enter the disease, of complications that cause on each line. 25. PART I. Enter the disease, of complications that cause on each line. 26. PLACE AND DATE OF DISPOSITION (Name of Carreton or Carreton	Dametino of Disposition Date Date	Do. METNOD OF DISPOSITION Burlat 2 Cremation 3 Ramoval from Stata 20b. PLACE AND DATE of DISPOSITION (Name of Carrier place) Cerematory of Carrier place (person place) Cerematory of Carrier place (person place) Cerematory of Carrier place) Cerematory of Carrier place (person place) Cerematory of Carrier place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. LOCATION - Cerematory of Carrier place) 20c. LOCATION - Cerematory of Carrier place (person place) 20c. Location 20c. Location 20c. Location - Cerematory of Carrier place (person place) 20c. Location 20c. Location	Do METNOD OF DISPOSITION Burlat 2 Cremation 3 Ramoval from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of Dentation 5 Date 20c. LOCATION — City or Town.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

8. AGE (In yrs. last birthday)

57

SILVANO

IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN.

•	BALTIMORE, MARYLAND 21215-0020	rSIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or femoval.	e medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file	within /2 hours after beam with the State Debt. Or reason and Memai hygiene phon to buhai, cremation, or removal.	VIANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Las	et)				2. DATE OF DEATH			3. TIME OF DEATH	
	WILLIAM	MICHAEL	SMITH			40,2 H	80	FAR .	05:30 AM M	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTH	PLACE (State or Foreign	
	220-14-6405	1 📉 M 2 🗆 F	9 YRS.	DAYS DAYS	HOURS MIN.	(Morith, Day, Year) 04 03	1922	Country MAR [®]	" YLAND	
~	9a. FACILITY NAME (If not institution, give			b. CITY, TOWN	R LOCATION OF		9c. COUNT			
5	NORTH ARUNDEL		CIATION	GLEN	BURNIE		1	A . A .	COUNTY	
DIRECTOR	10a. STATE 10b. COUN		19c, CITY, 1	OWN OR LOCAT	ION				10d. INSIDE CITY	
H	MD ANNI	ANNE ARUNDEL			DENA			LIMITS?		
	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?		
E	475 RIVERSIDE DE	RIVE			21122		U.S	Α.	100000000000000000000000000000000000000	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Specify		. RACE	- American Indian,	
BY	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 X NO Spec	en, Puarto Rican, etc.)		Black, White, atc. Specify:		
	15. DECEDENT'S EC	WW WW		<u> </u>					WHITE	
	(Specify only highest gra	ide completed)	(Give kind of work iffe. Do NOT use n	done during mo	on st of working	16b. KIND OF B	USINESS/INDUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	PROJECT E)	NEVAM	A D			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide				
BEC	HERBERT	J. SM	ITH		ANNIE		L.		WARD	
	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street a		Route Number, City or R		ode)	WAILD	
유	MARY E. SMITH		SAME A	S 10						
	20s. METHOD OF DISPOSITION 1 1 ☐ Burist 2 ☐ Cremation 3 ☐ Re		b. PLACE AND DATE OF D		me of	DATE 20c. I	OCATION CIT	y or Tov	vn, Stata	
	4 Donation 5 Other (Specify)	M	D VETERANS	CEMETI		9-10 CR	DWNSVIL	LE,	MD	
	21. SIGNATURE OF FUNERAL SERVICE I	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME								
	Att Nuson	n Sumbrun				S.W. GLE	N BURNT	E.	MD 21061	
	23. PART I. Entar the diseases, or	r complications that cause b. List only one cause on	d the death. Do not	enter the mo	de of dying, suc	ch as cardiac or res	piratory arres	t,	Approximate	
	IMMEDIATE CAUSE (Final		- 1						Interval Between Onset and Death	
	disease or condition resulting in desth) a. Septic Shorth but TO (OR AS A CONSEQUENCE OF):									
		DUE TO (OR AS	A CONSEQUENCE OF):							
8	Sequentially list conditions, Due to consequence on									
ξI	cause. Enter UNDERLYING	sny, leading to immediate								
트	CAUSE (Disesse or Injury that initisted events	DUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	Austroke							.!	
Ö	PART II. Other significant condition	one contributing to death	out not socialize in a	ha seedadadada		5				
8		one contributing to death	out not readiting in t	na underlying	cause given in		N AUTOPSY DRMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC	tyoan	died his	farche	21 -	VI	1 🗆 YES	2 NO		COMPLETION OF CAUSE OF DEATH?	
	1		0		-				1 YES 2 NO	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C	beak esti seel		_		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:						
È	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJI	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? ES 2 NO				1	
	3 Suicide 8 Could not be	te 8 Could not be 28e. PLACE OF INJURY — At home, farm, streat, factory, office 28f. LOCATION (Street and Number or Rural Route Number,							oute Number,	
	4 Homicide determined	4 Homicide determined building, atc. (Specify) building, atc. (Specify) City or Town, State)								
립	29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my know	riedge, death occurred a	t the time, date	and place, end due	to the cause(a) and m	anner as stated.			
COMPLET		NER: On the back of examinetic							and manner se stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFI	ER / A al			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)	
	Molha	uda	7				•			
	SHOBHA D. REDD	YHO COMPLETED CAUSE OF DI Y, M.D./7845	OAKWOOD RI	ő, #204	/GLEN BI	URNIE, MAR	YLAND	2106	51	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE							
	SEP 1 0 1991	grain Davidson 7	Sordaldo						3	

	- ms
	d at once.
	31 0
	Pi
	Ě
	10
•	9
	must
	shows any injury, or other traumatic event, the medical examiner must be notified ;
Agiene prior to burial, cremation, or removal.	edical
0	E
tion	ŧ
стета	ent,
18	8
P	atic
or to be	5
phio	Ē
giene	other
Ŧ	6
Health and Mental Hygiene	Jury,
P	E
th a	any
of Heal	Shows

	9 1 24540 1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	Hildegard A. Schmidt 2. Date of Death September 6 1991 2:44 a										
	4. SOCIAL SECURITY NUMBER 055-01-9017 S. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HIRS. 1 I M 2 IXF 87 YRS. 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HIRS. 1 I M 2 IXF 87 YRS. 1 I M 2 IXF 87 YR										
TOR	9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital ROSSVIlle Baltimore County										
DIRECTOR	Md. 10a. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
FUNERAL	10e. STREET AND NUMBER 3213 Hamilton Avenue 10f. ZIP CODE 21214 10g. CITIZEN OF WHAT COUNTRY? USA										
B	11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMEO 1 Never Married 2 Married 13. Wildowed 4 Olvorced 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES X 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.) 16. Yes 2 NO Specify:										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 166. DECEDENT'S USUAL OCCUPATION (Sine kind of work done during most of working life. Do NOT use retired.) HOMEMAKE?										
BE CON	17. FATHER'S NAME (First, Middle, Last) - Ellinghaus 18. MOTHER'S NAME (First, Middle, Melden Surname) Aline										
T0	Bernard Schmidt 196. MAILING ADDRESS (Street and Number or Rurel Route Number, City or Town, State, Zip Gode) 3516 Northwind Road Baltimore, Md. 21234										
	200, METHOD OF DISPOSITION 1 [X Burlel 2 Cremetlon 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place) Dillaney Valley Sept. 9. 1991 Timonium, Md. 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Inc. 5305 Harford Road 212										
	23. PABT I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition as Severe Pulmonary Edema										
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): ACU te Respiratory distress syndrome OUE TO (OR AS A CONSEQUENCE OF): c. Pneumonia OUE TO (OR AS A CONSEQUENCE OF):										
SICIAN: MEDICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Atrial Fibrillation 248. WAS AN AUTOPSY PROFINED? 1 YES 2 NO 249. WERE AUTOPSY FINOINGS AMILIABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
ED BY	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 4 Homicide 6 Detarmined 1 New Year) INJURY WORK? 1 YES 2 NO 288. PLACE OF INJURY — At home, farm, street, factory, office 288. PLACE OF INJURY — At home,										
COMPLET	29s. CERTIFFER (Check only only only only only only only only										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER N/A 29d. OATE SIGNEO (Marrith, Day, Your) N/A										

Emma nuel Osuji M.D.

31. DATE FILED (Month, Day, Year) 32. F 9000 Franklin Square Drive., Baltimore, Md. 21237 SEP

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

=			-
5	P		2
ned	Jan O		Je l
etai	Sh		등
8	Je 5		=
æ.	pad		ے
E 9	tor,		Si
96	lirec		5
Z.	la C		흷
ath	nue		盲
r de	he fi	<u>(d</u>	he medical examiner n
afte	λt	30	ca
NIS N	<u>:</u>	9	P P
9	pa	0	E
24	y fil	rtiou	ŧ
iğ.	lete	emi	£,
3	d L	5	eve
cute	8	uria	9
exe	an	0	mal
8	cian	ior 1	2
cate	frysi	b b	or th
ij	d b	iene	=
60	ndin	五	20
eath	atte	雪	χ,
e d	he	₹ E	흐
#	4	pur	=
AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by ti	AL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be or	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
ilres	Sign	Hear	5
requ	eeu	ō	3
WE	S be	ept.	2
he	e ha	o e	E
-	cate	Stat	E
CIA	ertifi	the	0
S	SCE	in t	ed,
F	Ē	W L	Ž.
ING.	After	leath	Ë
S	R: /	er d	.00
F	6	aft	28
R	黑	OULS	E
7	7	2	f i

COMPL

29b. SIGNATURE AND TITLE OF CERTIFIER

MEDICAL INTERN <

HOSPITAL FUNERAL within 72 h =

THE HOSPITA THE FUNERAL filed within 72

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1230 P SYLVIA S. STALLARD 09 91 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country)
VIRGINIA 5. SEX 7. DATE OF BIRTH (Month, Day Year 6-8-1938 MONTHS DAYS HOURS MIN. 1 | M 2 | F 53 228-50-6104 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GOOD SAMARITAN HOSPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE DUNDALK NO XX 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 8178 MID HAVEN ROAD 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, atc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: 1 B 3 Widowed 4 Divorced WHITE COMPLETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KINO OF BUSINESS/INOUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 10TH GRADE N/A HOME MAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LUTHER SALYER PEARL HUGHES 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 TOMMY F. STALLARD BALTIMORE, MARYLAND 8178 MID HAVEN ROAD 20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 209. METHOD OF DISPOSITION

1 Duriat 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) MENDOWRTOGE MEMORIAL 9-9-1991 DORSEY. MARYLAND 21. SIGNATURE OF TUMERIAL SERVICE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 23. PART I. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between **Onset end Death** IMMEDIATE CAUSE (Finsi disease or condition resulting in death) NEGATIVE SERSIS OUE TO (OR AS A CONSEQUENCE OF) CELLULITIS CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in desth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL CANCER WITH LIVER AND 1 YES 2 NO OF DEATH? BONE MENSTAJE 1 TES 2 NO ERANUMCYTOPENIA SIP CHEMOTHERAD SEVERE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:

1 Minpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ing Home 5 - Rasidence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation М 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined ETED. 4 Homicide

P P 2 X 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, M.D. 5601 WELL RAVEN BLUD, BACTMORE, M BRIXAD, MOSTAL REGISTRAR'S SUBNATURE

twolfferions

29e. CERTIFIER

CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as atated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

109/05/

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page first the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of the death of the safe Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner, must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL MYSIENE PROSTURAS (Fig. 14.000, 14.00 1. SECCEPTE NAME (Fig. 14.000, 14.00 1. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL MYSIENE 1. STATE OF BEATH		91-5193-	041									91	2	4542	
CICCRIA J TAYLOR \$3.000 1.000		1 STATE	STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	EALTH	AND	MENT					
A SOCIAL SCURPT VANIMER OF 100-04-4598 1.0 m y y y y y y y y y y y y y y y y y y		1. DECEDENT'S NAME (First, Middle, Last)	J		-11111	2. DA1					_	9 5 7			
THE PROJECT OF DEFENDENCE OF D		010-40-4598	1 🗆 M 2 🔀 F		s. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. (Month, Day, V			E OF BIRTH		Coun	HPLACE (State or Foreign try)				
The decidency of the product composition of the contribution of th	m	9a. FACILITY NAME (If not institution, give s		9b. CITY, 1	O NWO	R LOCATIO	ON OF DE		22)0		INTY OF	DEATH	\dashv		
DEPUT OF THE PRINCE LUCYCLE (Pinal Medical Conditions contributing to death but not resulting in the underlying cause given in Part I. 22a. Was CASE REFERENCE CONSTRUCTION of the prince of the princ	012	PENINSULA GEN	PENINSULA GENERAL HOSPITAL				IS	BURY	7			WI	COM	CO	
The december is december in the conditions of the contributing to death but not resulting in the underlying cause given in Part I. 22. PART I. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Wed CASE REFERENCE USED TO MEDICAL TO CASH TO PRODUCE COPY. 26. Wed CASE REFERENCE TO MEDICAL TO CASH TO PRODUCE COPY. 27. MANNER OF CORDITION Specified to MEDICAL TO CASH TO PRODUCE COPY. 28. Wed CASE REFERENCE TO MEDICAL TO CASH TO PRODUCE COPY. 29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 20. Wed CASH TO PERMIT II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 20. Wed CASH TO PERMIT II. Other significant conditions. 21. PART II. Other significant conditions. 22. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Wed CASE REFERENCE TO MEDICAL PLANTING TO PERMIT II. 26. Wed CASH TO PERMIT II. 27. MANNER OF CASH TO PERMIT II. 28. PLACE OF DEATH (Check doy contributing to contributing to death but not resulting in the underlying cause given in Part II. 29. PART II. Other significant conditions. 20. DEATH TO PERMIT III. 20. DEATH TO PERMIT III. 20. DEATH TO PERMIT III. 21. PART II. OTHER TO PERMIT III. 22. Wed CASE REFERENC	DIRE	Massachusetts											LIMITS?		
DEPUT OF THE PRINCE LUCYCLE (Pinal Medical Conditions contributing to death but not resulting in the underlying cause given in Part I. 22a. Was CASE REFERENCE CONSTRUCTION of the prince of the princ	RAL		eoot.				101.								
TO SOUTH A STATE THE CONTROL OF THE SOUTH STATE STOCKING TO STATE STOCKING THE STATE STOCKING STATE ST		11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT	T EVER IN U.S. ARI	MED O X	10.3	yes, spe	ENDENT O	F HISPAN	n. Puert	IN? (Specify Yes o Ricen, etc.)	Un or No-	14. RAC Blec	E — American Indian, ek, White, etc.	1
WILLIAM H. WOOGHOUSE, Sr 100. MAKING ADDRESS (Sinest and Marcher or Austrance Annexation, Autority, State, Tag. Code) 101. Burl 1. Woodhouse, Jr 102. MILLIAM H. Woodhouse, Jr 102. MI	TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DE0	CEDENT'S	USUAL OCC	UPATIO	N st of workin		.10	6b. KIND OF BUS	INESS/IN		Darrord	\dashv
WILLIAM H. WOOGHOUSE, Sr 100. MALNO ADDRESS (Sines and Number of	MPLE	12th grade)							Dept.	Soc	ial	Service	
William H. Woodhouse, Jr 541 Shawmut Ave. Apt. 204/Boston, Mass. 021 20. METHOD OF DISPOSITION 1 Burds 2 Greenation 3 (Phancosa) from State 2 Doubton 8 Other (Poorly) 20. METHOD OF DISPOSITION 1 Burds 2 Greenation 3 (Phancosa) from State 2 Doubton 8 Other (Poorly) 20. METHOD OF DISPOSITION 1 Burds 2 Greenation 3 (Phancosa) from State 2 Doubton 8 Other (Poorly) 20. METHOD OF DISPOSITION 20. METHOD OF TOWN STATE OF DISPOSITION 20. METHOD OF TOWN STATE OF DISPOSITION 20. METHOD OF TOWN STATE OF DISPOSITION 20. METHOD OF DISPOSITION 20. METHOD OF TOWN STATE OF DISPOS	8		Woodhan	-2 0-				16. MOTH		ME (First	, Middle, Melden S	Surneme)			
William H. Woodhouse, Jr \$41 Shawmut Ave. Apt. 204/Boston, Mass. 0211 No. METHOD OF DISPOSITION. "Removed from Sunia 206. PLACE AND DATE OF DISPOSITION/Name of 206. DECOMON — City or Town, Susia 206. Decomon — City or Town, Su		194. INFORMANT'S NAME (Type/Print)	woodnou		. MAILING	ADDRESS (Street or	od Number	or Aurol 6	JUE (ean Ru	ffir	2		4
Belling of Constructions Context Special	2	William H. Woo	dhouse,	Jr 54	l Sh	awmu	it.	Ave.	Ar	t.	204/B	osto	on. I	Mass. 021	1 &
23. PART I. Entar the cleases, or complications that cylused this death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. WMEDIATE CAUSE (Final disease, or complications that cylused this death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. WMEDIATE CAUSE (Final disease or conditions or conditions are uniting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter WINDERLY, the conditions or injury the uniting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE		20e. METHOD OF DISPOSITION 20b. PLACE AND				cofibiseosition (Name of other place) Son Funeral Home 20c. Location — city or town Son Funeral Home Boston Ma.					own, State				
Approximate propositions that offused this death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval Between shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition) a. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): a. DUE TO (OR AS A CONSCOUENCE OF): d. DUE TO (OR AS A CONSCOUENCE		21. SIGNATIONS OF FUNERAL SERVICE LIC	Soru	most.	de.	22. NA	al al	V 1 n	B. FA	SCI	ruggs	Fune	eral	Home	Ť
PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY FINDINGS ANILABLE PRIOR TO CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER: ON THE PRIOR TO CAUSE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1	ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO	OR AS A CONSECU	UENCE OF	Ind		,	/	,				Interval Betwee	
Particular investigation investigation and/or investigation, in my opinion, desth occured at the time, date and place, and due to the cause(s) and manner as stated. 290. SIGNATOR AND TITLE OF CERTIFIER 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TITEM 27) (Type, Print) Dennis J. Chute. MD 11 N. PENN STREET BALTIMORE MARYLAND 2 120	-1	PART II. Other significant conditions contributing to death but not resulting					PERI					ORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	S
Actident 9-8-1991 7:30 Ma 1 YES 2 NO SUBJECT WAS PASSENGER	SIA						26. PL/	CE OF DE	ATH (Che	ock only o	one)				-
Action Subject WAS PASSENGER 9-8-1991 7:30 Ma 1 Yes 2 No SUBJECT WAS PASSENGER 261. LOCATION (Street and Number or Rural Route Number, City or Yown, State) MARYLAND ROUTE # 50 MARY	YSI	1 Types 2 NO		ER/Outpatient 3			g Home	5 🗆 Ras	idence	8 🗆 Oth	er (Specify)				
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Monito, Day, Year) O C M E 9-9-1991 Dennis J. Chute, MD 111 N. PENN STREET BALTIMORE MARYLAND, 2120	ED BY	1 Netural 5 Pending Investigation 9 8 - 1991 7:30 Mg 1 YES 2 NO CS Studies 8 Could not be 28s. PLACE OF INJURY At home, farm, street, factory, office 28s.						SU 281. LO City	SUBJECT WAS PASSENGER 281. LOCATION (Street and Number of Parial Route Number				-		
296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O C M E 29d. DATE SIGNED (Month, Day, Year) O C M E 9-9-1991 Dennis J. Chute. MD 111 N. PENN STREET BALTIMORE MARYLAND 2120	MPLEI	(Check only	IAN: To the best of n	ny knowledge, deat	h occurred	at the time	, date e	nd place,	and dua	to the ca	suse(s) end mann	er an stat	ed.		+
P O C M E 9-9-1991 Dennis J. Chute. MD 111 N. PENN STREET BALTIMORE MARYLAND 2120		MEDICAL EXAMINER: On the basia of examination and/or invest											-		
31 CATE FILED (MORE, MARYLAND 2120		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE												
SEL I DISSI January		"SEP 1 0 1991 A	Me 32 DEATISM	E Honorage	I I N	. PE	NN	STR	EET	BA	LTIMOF	RE,M	IARY	LAND 2120	0

OF VITAL RECORDS, P.O. BOX 68760,

R	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF A	EALTH AND	MEN'	TAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH			3. TIME OF DEATH
	MARIE	TIPPING				0		19	9 1	7:50₽ ^м
		5. SEX 6. AGE (- (M	7. DATE OF BIRTH (Month: Day, Year) 8. BIRTHPLACE (State Country)			PLACE (State or Foreign			
	161-20-1177 9e. FACILITY NAME (If not institution, give stree		8 4 YRS.	9h CITY TOWAL	P LOCATION OF F	1	2/16/1		_	isylvania
FUNERAL DIRECTOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH BALTIMORE									
REC	10s STATE 10b COUNTY									10d. INSIDE CITY
۵	MARYLAND BALTIMORE TOWSON									LIMITS?
RAL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEI		HAT COUNTRY?
NE.	1 SMETON PLACE	12. WAS DECEDENT EVER IN	ILIS ADMED	12 400 050	21204		GIN? (Specify Yes			J.S.A.
B⊀	1 Naver Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	It yes, sp	ecify Cuben, Mexic 2 3NO Speci	en, Puer		or No 14	. RACE Black Specif	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	16e. DECEDENT'S U	SUAL OCCUPATION OF COMPANY OF COM	ON at of weeking		16b. KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)	st of working					
M M	12 yrs. 17. FATHER'S NAME (First, Middle, Lest)	n/a	Homema	ker				n/a		
	Charles Kurtzhal	7			18. MOTHER'S N	AME (Fir	st, Middle, Malden S	Surname)		Ellis
BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route N	umber, City or Town	State Zin Co		EILIS
2	Barbara Tipping S	ieck					Towson			04
	20s. METHOD OF DISPOSITION 1 Buriat 2 Cremation 3 Remov	al from State 20b.	PLACE AND DATE OF	DISPOSITION /No	me of	D	ATE 20c. LOC	ATION — City	or Tov	vn, Stata
	4 Donation 5 Other (Specify)		een Moun			9/9			, M	laryland
	John G. Reit:	(100804)	(eu)				eld Home		y1_	nd 21212
	23. PART I, Enter the diseases, or co ahock, or heert failure. Li	mplications that caused	the death. Do no	t enter the mo	de of dying, au	ch ea c	erdlec or reepir	atory erreel	1,	Approximete
	interval Between									
LION	disease or condition and disease or conditions. Sequentially list conditions, if any, leading to immediate Due to (or as a conscouence of): Metastatic Breast Caucer Due to (or as a conscouence of): Due to (or as a conscouence of): Due to (or as a conscouence of):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
EH I	d.									
CAL	PART il. Other eignificent conditions	contributing to deeth bu	rt not reaulting in	the underlying	cause given in	Pert I.	24s. WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
90							1 TYES 2	N-15.7		COMPLETION OF CAUSE OF DEATH?
M										1 _ YES 2 _ NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 04	ACE OF DEATH (C)	hask out				
SIC		HOSPITAL:		THER:	5 Residence					
PHYSICIAN: MEDI	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME I	OF 28c. INJ		_	DESCRIBE HOW IN	JURY OCCUR	ED	
BY	2 Accident Investigation	28e. PLACE OF INJURY	— At home form etc		ES 2 NO	084 1	00471011 (0)			
ITED	4 Homicide 6 Could not be determined	building, etc. (Speci	fy)	out, tuctory, briter		261. E	OCATION (Street an ity or Town, State)	d Number or I	Hural Ho	oute Number,
COMPLETED		AN: To the best of my knowle On the basis of examination							ouse(a)	and manner se stated.
BE	296. SIGMATURE AND TITLE OF CERTIFIED	es a. Po	edgett	ru)	29c. LICENSE NU					Month, Day, War)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (PEM)27) (Type, P	1 /	Paul	· · ·	2,>	80		10 2
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	Coce	PANE	2	JUD.	UHCT	01	4) 4239
	SEP 1 0 1991	Julia Navidna	Rando De							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 purity and injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / DE	PARTMENT OF	HEALTH AND	MENTAL	HYGIENE
	CER	TIFICATE OI	F DEATH		REG. NO.

- STATE REGISTRAR		WARYLAND / DI CER	RTIFICATI	E OF DE	ATH	RE	G. NO.		<u> </u>
1. DECEDENT'S NAME (First, Middle, Las	st)					2. DATE OF DE	60 AM	YEAR	3. TIME OF DEATH
	CHICKARDI	FREDERIC				1	06		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. last bit	MONTHS	DAYS HOUF	NDER 24 HRS.	7. DATE OF BIT (Month, Day,		8. BIR	THPLACE (State or Foreign intry)
213-03-5421	1 🛣 2 🗆 F	86	YRS.			8-12-	05		Md.
De. FACILITY NAME (If not institution, giv	re street and number)		9b. CITY	Y, TOWN OR LOC	CATION OF DE	ATH	9c. C	OUNTY OF	
UNION MEMORIAL	. HOSDITAT		RA	LTIMORE	E CITY			N/A	
RESIDENCE OF DECEDENT 10a. STATE 10b. COU		T,	IOc. CITY, TOWN						10d. INSIDE CITY
	/								LIMITS?
M.G	N/A		Baltin						1 YES 2 NO
106. STREET AND NUMBER				101. ZIP C	ODE		10g. (CITIZEN O	F WHAT COUNTRY?
3807 Yolando Rd.					21218			U.S.	
11. MARITAL STATUS		T EVER IN U.S. ARME		MAS DECENDEN If yes, specify C				14. RA	CE — American Indian, ack, White, etc.
Never Married 2 Married		MAR OR DATES		1 🗌 YES 2 📋			,		ecity:
	1					N/A			nite
15. DECEDENT'S E (Specify only highest gro		18a. DECEI	DENT'S USUAL O kind of work done o NOT use retired.)	OCCUPATION during most of w	orking	16b. KIND	OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)					Mon		
N/A	N/A	Mu	ısician				Musi	C	
17. FATHER'S NAME (First, Middle, Last)				18. A	NOTHER'S NA	ME (First, Middle,	Maiden Sumam	•)	
Hugh Tschick	ardt			M	atild	a IIlrie	h		
19a. INFORMANT'S NAME (Type/Print)		19b. N	MAILING ADDRES					Zip Code)	
Suzanne Miller		38	807 Yol	ando Rd	B	altimor	e. Md.	212	1.8
20s. METHOD OF DISPOSITION		20b. PLACE AN	D DATE OF DIS	POSITION (Name			20c. LOCATION		
1 ☐ Buriel 2 ☐ Cremation 3 ☐ B 4 ☐ Donation 6 ♣ Other (Specify)	ntombment	of cemetary, cre	ematory or other on Park	place)		1.			
21. SIGNATURE OF FUNERAL SERVICE		Loude		NAME AND AD			Balti	MOLE	14012
	40001					ick Ave	mira		
G. Truman) 31 C B	r.eger.	TEN WAR	11/4		
23. PART I. Enter the diseases, a shock, or heart fallur	or complicatione the		h. Do not ente	Baltim	ore.	vid. 212	29	srrest,	Approximate interval Between
	or complicatione the	use on each line.		Raltim or the mode of	dying, such	vid. 212	29	srrest,	interval Betw
shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e		LLULO ENCE OF):	Raltim or the mode of	dying, such	vid. 212	29	srrest,	interval Betw
shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e	O (OR AS A CONSEQUE	LLULO ENCE OF):	Raltim or the mode of	dying, such	vid. 212	29	srrest,	
shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. DUE TO c. DUE TO d. Contributing to	O (OR AS A CONSEQUED) O (OR AS A CONSEQUED) O (OR AS A CONSEQUED)	ENCE OF):	Raltim or the mode of	dying, suc	Md. 212 h se cardisc o	29	'SY :	Interval Betw Onset and D. 2 d.a.
shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	e. DUE TO d. DUE TO d. CA	O (OR AS A CONSEQUED) O (OR AS A CONSEQUED) O (OR AS A CONSEQUED)	ENCE OF):	Raltim or the mode of	dying, such	Part I. 24e.	WAS AN AUTOP PERFORMED?	'SY :	Interval Betw Onset and Dr 2 da. 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	b. DUE TO d. CA Clons contributing to	O (OR AS A CONSEQUED) O (OR AS A CONSEQUED) O (OR AS A CONSEQUED)	ENCE OF): ENCE OF): ENCE OF):	Raltim or the mode of TUUL underlying cou	dying, suc	Part I. 24e.	WAS AN AUTOP PERFORMED?	'SY :	Interval Betw Onset and D. 2 d.a. 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
shock, or heert failure immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or conditions or conditions or conditions.	b. DUE TO d. HOSPITAL:	O (OR AS A CONSEQUED) O (OR AS A CONSEQUED) O (OR AS A CONSEQUED)	ENCE OF): ENCE OF): OTHE	Raltim or the mode of TUUL underlying cou	dying, such	Part I. 24e.	WAS AN AUTOP PERFORMED?	'SY :	Interval Betw Onset and D. 2 d.a. 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the conditions	b. DUE TO d. LIST CONTRIBUTION TO THE TOTAL HOSFITAL: 1 Pinpatient 2 266. DATE O	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): DOA OTHER A IN NO.	PARITIME THE MODE OF THE MODE	dying, such	Part I. 24e. 1	WAS AN AUTOP PERFORMED?	YSY :	Interval Betwonset and De 2 da 2 d
shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are caused in the condition of the cause of the	b. DUE TO d. DUE TO tlone contributing to HOSFITAL: 1 Pinpatient 2 28a. DATE O (Month,	O (OR AS A CONSEQUED O COR AS	ENCE OF): ENCE OF): OTHER	PALTIM Per the mode of TURAL underlying cou 28. PLACE 6 ER: unsing Home 5 5	dying, such	Part I. 24e. 1	WAS AN AUTOP PERFORMED? YES 2 DAG	YSY :	Interval Betwonset and De 2 da 2 d
shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are caused in the condition of the cause of the	b. DUE TO d. HOSPITAL: 1 Pinpatient 2 26a. PLACE	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): DOA OTHER OF INJURY M	Paltimer the mode of the mode	dying, such	Part I. 24e. 1 1 24e. eck only one) 8 Other (Spe 28d, DESCRIB	WAS AN AUTOPPERFORMED? YES 2 JACO	OCCURED	Interval Betw Onset and D. 2 da. 24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditionally in death of the cause of the	b. DUE TO c. DUE TO d. DUE TO	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): DOA OTHER OF INJURY M	Paltimer the mode of the mode	dying, such	Part I. 24e. 1	WAS AN AUTOPPERFORMED? YES 2 JACO	OCCURED	24b. WERE AUTOPSY FINDINAMALABLE PRIOR TO COMPLETION OF CAUSOP DEATHY
shock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 1	b. DUE TO c. DUE TO d. DUE TO d. HOSFITAL: 1 Pinpatlent 2 28a. PLACE building	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): OTHER OF INJURY M o, farm, street, factors	PRAITING OF THE MODE OF THE MO	dying, such	Part I. 24e. 1 24e. 1 26d. DESCRIB	WAS AN AUTOP PERFORMED? YES 2 JACO	OCCURED	24b. WERE AUTOPSY FINDINAMALABLE PRIOR TO COMPLETION OF CAUSOP DEATHY
shock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not 4 Homicide PART II. Other significant condit Check only CERTIFIER Check only 1 CERTIFYING PICERTIFYING PICERTIFYI	b. DUE TO c. DUE TO d. DUE TO	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): DOA OTHE A ON 28b. TIME OF INJURY M e, farm, street, fac	PRA TIME THE MODE OF THE MODE	dying, such	Part I. 24e. 1 24e. 1 26e. 28d. DESCRIB	WAS AN AUTOP PERFORMED? YES 2 DAG City) E HOW INJURY	OCCURED	Interval Betw Onset and D. 2 da 24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
shock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not 4 Homicide PART II. Other significant condit Check only CERTIFIER Check only 1 CERTIFYING PICE CERTIFIER CERTIFYING PICE CERTIFYIN	b. DUE TO c. DUE TO d. DUE TO	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): DOA OTHE A ON 28b. TIME OF INJURY M e, farm, street, fac	PRA TIME THE MODE OF THE MODE	dying, such	Part I. 24e. 1 24e. 1 26e. 28d. DESCRIB	WAS AN AUTOP PERFORMED? YES 2 DAG City) E HOW INJURY	OCCURED	Interval Betw Onset and Di 2 da 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
shock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not 4 Homicide PART II. Other significant condit Check only CERTIFIER Check only 1 CERTIFYING PICE CERTIFIER CERTIFYING PICE CERTIFYIN	b. DUE TO c. DUE TO d. DUE TO d. LIST ONLY ONE TO ELION CONTRIBUTION TO A C. DUE TO C. DUE TO C. DUE TO C. DUE TO d. LIONS CONTRIBUTION TO 26a. PLACE building to ATSICIAN: To the best of	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): DOA OTHE A ON 28b. TIME OF INJURY M e, farm, street, fac	26. PLACE (ER: urning Home 5 29c. INJURY / WORK? 1 YES ettory, office	dying, such	Part I. 24e. Part I. 24e. 1 Control of the Contro	WAS AN AUTOPPERFORMED? YES 2 (I) NO	OCCURED mber or Rui stated.	Interval Betw Onset and Di 2 da 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
shock, or heert failure immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VS 2 MO 27. MANNER OF DEATH 1 Natural S Pending Investigated Pending Inve	b. DUE TO c. DUE TO d. DUE TO d. LIST ONLY ONE TO ELION CONTRIBUTION TO A C. DUE TO C. DUE TO C. DUE TO C. DUE TO d. LIONS CONTRIBUTION TO 26a. PLACE building to ATSICIAN: To the best of	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): DOA OTHE A ON 28b. TIME OF INJURY M e, farm, street, fac	26. PLACE (ER: urning Home 5 29c. INJURY / WORK? 1 YES ettory, office	dying, such dying,	Part I. 24e. Part I. 24e. 1 Control of the Contro	WAS AN AUTOPPERFORMED? YES 2 (I) NO	OCCURED mber or Rui stated.	Interval Betw Onset and Di 2 da 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
shock, or heert failure immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VS 2 MO 27. MANNER OF DEATH 1 Natural S Pending Investigated Pending Inve	b. DUE TO c. DUE TO d. DUE TO d. LIST only one ce e. DUE TO c. DUE TO d. LIONE CONTRIBUTION TO Elone Contributing to LIONE CA HOSFITAL: 1 Pinpatient 2 26a. DATE O (Month, on 26a. PLACE building d HYSICIAN: To the best of	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): DOA 4 No. 286. TIME OF INJURY M e, farm, street, factorized at the restligation, in my	26. PLACE (ER: urning Home 5 29c. INJURY / WORK? 1 YES ettory, office	dying, such dying,	Part I. 24e. Part I. 24e. 1 Control of the Contro	WAS AN AUTOPPERFORMED? YES 2 (I) NO	OCCURED mber or Rui stated.	Interval Betw Onset and Di 2 da 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
shock, or heert failure immediate cause. (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the cause of the cause of the cause. The cause of th	b. DUE TO c. DUE TO d. DUE	O (OR AS A CONSEQUED O (OR AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): A DOA A OTHER A DOA A THE UNITY MANUAL MANUA	PRA TIME THE MODE OF THE MODE	dying, such dying,	Part I. 24e. Part I. 24e. 1 Control of the Contro	WAS AN AUTOPPERFORMED? YES 2 (I) NO	OCCURED mber or Rui stated.	Interval Betw Onset and Di 2 da 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

and the second s

100	
-	
9	
68760,	
~	
w	
9	
BOX	
\sim	
\cap	
_	
\mathbf{m}	
_	
0	
$\mathbf{\circ}$	
- '	
4	
_	
Eh.	
CO	
9,	
\mathbf{c}	
=	
α	
=	
\mathbf{c}	
~	
C	
RECORDS	
ш	
000	
u.	
_	
_	
Q.	
VITAL	
_	
>	
11	
OF	
0	
_	
-	
Z	
_	
_	
DIVISION OF	
V)	
>	
=	
~	
ப	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		- CL	-NIII	ICATE	OF	DEAL	п	REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last) . Lonnie		T	illma	an Septembe					2. TIME OF DEATH 4:45 P		
	4. SOCIAL SECURITY NUMBER 216-28-8080	5. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Mapth, Sep.) 16-47) 3-30-19			LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give a			Sh CITY I						INTY OF DEA		
DIRECTOR	Maryland Gener		1			Baltimore City					INTY OF DEA	ATH.
	10a. STATE 10b. COUNT	Y		10c CIT	Y, TOWN OR	LOCATI	ON				1.	
	Md	2.0	Baltin					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO				
¥	10e. STREET AND NUMBER						ZIP CODE			10g. CIT	IZEN OF WH	AT COUNTRY?
FUNERAL	1511 Edmondso						2122	3		U	SA	
E.	1t. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT ET	YES 2 X N	WED	13. W	S DECE	NDENT O	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
В	3 Wildowed 4 Divorced	IF YES, GIVE WAR			1 (YES	2 X NO	Specify	n, Puarto Rican, etc.)			
윤	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	/G/	ve kind of v	USUAL OCC	UPATION	N t of workin	a	16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	lito.	Do NOT us	ne retired.)							
ő	17. FATHER'S NAME (First, Middle, Last)					T	18. MOTH	IER'S NA	ME (First, Middle, Maiden	Sumame)		
BE (Sam Augus								Gray			
5	190. INFORMANT'S NAME (Type/Print) Hazel Tillman		196	4310	Pimi	1co	Roa	or Rural F	Baltimore,	n, State, Zi Md 2	21215	
	20e. METHOD OF DISPOSITION 1) System 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A	ND DATE O	OF DISPOSITI	ion/Nam	ne of				down,	
	21. SIGNATURE OF FUNERAL SERVICE LI						DADDRES	S OF FAC	102002		301111,	Tid
	* Karen 7	nargaret	Roy	per	-				West ash Avenue	2		
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory erreet, ehock, or heert feliure. Liet only one cause on each line. Approximation										Approximate interval Between Onset and Death	
Z	Sequentially list conditions,	b. Dilated										
Į Į	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR	AS A CONSEQ	UENCE OF	7):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events	c. DUE TO (OR	AS A CONSEO	CONSEQUENCE OF):								
E	resulting in deeth) LAST	d										
	PART II. Other eignificent condition	e contributing to de	oth but not re	suiting i	n the unde	erlying	ceuee g	iven in i	Pert i. 24a. WAS AN		24b. W	VERE AUTOPSY FINDINGS
MEDICAL									PERFOR		A C	WAILABLE PRIDR TO OMPLETION OF CAUSE IF DEATH?
2											1	YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DE	ATH (Che	ck only one)			
Sic	EXAMINER? 1 YES 2 XNO	HOSPITAL:	/Outpetlant 3	DOA	OTHER:							
Ŧ	27. MANNER OF DEATH	26a. DATE OF INJ	URY	28b. TIMI	E OF 2	Bc. INJU	RY AT	sidence	5 Other (Specify) 26d. DESCRIBE HOW II	NJURY OC	CURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar)	INJ	URY M	WOR	K7 ES 2	NO				
요	3 Suicide 6 Could not be determined	28s. PLACE OF IN building, etc.	JURY — At hon (Specify)	ne, Jerm, s	treet, factory	y, offica			281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Rou	te Number,
LET	29a. CERTIFIER 1 TO CERTIFYING PHYSI	CIAN: To the heat of	handring de						10			
COMPL	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the besis of exemi										nd manner se stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	000					29c. LICE					fonth, Day, Year)
0 13		Con	- M	Topic Co.				n	/a	•		- 1991
ř	T. Salkini, M.D.	c/o Mary	Land Ge	enera	Print) Hos	spit	al					
	31. 04 EID (Main Don 1991 And Standard Manuelle											



8

2. DATE OF DEATH

MONTH 0 9

08

1 - FOR STATE REGISTRAR

t. OECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

SEP 10 1991

LENA THACKER

0
BOX 68760
7
-
00
9
×
0
\circ
m
\circ
, P.O.
0
luk-
95
CD
-
CC
lide.
RECORDS,
~
0
111
NA.
000
_
VITAL
-
1
\vdash
-
>
OF
L
~
0
7
VISION
O
-
CO
=
-
~

9		4. SOCIAL SECURITY NUMBER 401-30-1922	5. SEX 6.	AGE (In yrs. les	YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mooth, Day, Year)	916	a. BIRTHPLACE (State or Foreign Country) Kentucky	
i, 2, 3 should	TOR	99. FACILITY NAME (If not institution, give st GREATER BALTIM RESIDENCE OF DECEDENT		CAL C			WSON	ATH		ALTIMORE	
ing physician. the burial-transit permit. Pages 1, 2,	DIRECTOR	Maryland B	altimore		10c. CITY, TOWN	n on Local				10d. INSIDE CITY LIMITS? 1 TYES 2 ANO	
an. ransit per	FUNERAL	1403 Dartmouth				101	ZIP CODE 212	:34		EN OF WHAT COUNTRY?	
attending physician ise as the burial-tra	BY	11. MARITAL STATUS 1	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X	MED 1	If yes, sp	ecity Cuban, Maxicer 2 NO Specify	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	ee or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White	
5 2	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	(Gi	CEDENT'S USUAL we kind of work dor Do NOT use retired	ne during mo d.)	ist of working	16b. KIND OF BU				
the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, Last)			Homem	aker	18 MOTHER'S NAI	HO1	Surname)		
5 should be notified at	BE	Mackenzie Bod 190. INFORMANT'S NAME (Type/Print)	enheimer		. MAILING ADDRE	ESS (Street a		el Spark		code) 21234	
- W	10	Jacqueline K. 20e. METHOD OF DISPOSITION 1 Burlet 2 K Cremation 3 Ramo		20b. PLACE A	3103 1	/2 C	aliforn	ia Ave.	Par	kville, MD	
e 6		1 Buriel 2 & Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE CIEF		Me t	ro Cre	mato	ry, Inc	9/9 Ba	Ltimo:	re, Maryland	
2 2 6		21. SIGNATURE OF SUNERAL SERVICE CICENSEE George E. MacNabb 22. NAME AND ADDRESS OF FACILITY Cremation Society of Marylar 299 Frederick Rd., Balto., N									
ted within 24 hours after completely filled in by the tall, cremation, or remove: event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):									
ficate be execu physician and ne prior to bur ler traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or Injury that initiated events b. LUNG-CANCER METASTASIS DUE TO (DR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
the death certily the attending of Mental Hygien Injury, or oth	8	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE									
signed by the Health and Health and Iws any Ir	MEDICAL			au but not n	adding at the	underlying	g cause given in a	Part i. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
he law e has b e Dept	SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Che	ck only one)		1 12 2 1 10	
SICIAN: T certificate h the Stat d, or ite	PHYSIC		1 1 Inpatient 2 EF		DOA 4 N		e 5 🗆 Rasidence (3 ☐ Other (Specify)			
This wit	ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,)	Year)	28b. TIME OF INJURY M	1 🗆 1	RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED	
OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At her . (Specify)	ne, farm, streat, fa	ectory, office		28f. LOCATION (Street City or Town, State	end Number or)	Rural Route Number,	
E BE	COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my	knowledge, das instion end/or in	ith occurred at the	time, date opinion, d	end place, end due t	to the cause(e) end ma lime, data end placa, e	nner as stated.	cause(e) end mannar as stated.	
TO THE HOSPI TO THE FUNER De filed within	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	lla, n	m			29c. LICENSE NUM	BER	29d. DATE S	SIGNED (Month, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WHO	a Lar h		27) (Type, Print)	20	1. 0.	STA	P	Balt mid	

102 REGISTRAR'S SIGNATURE

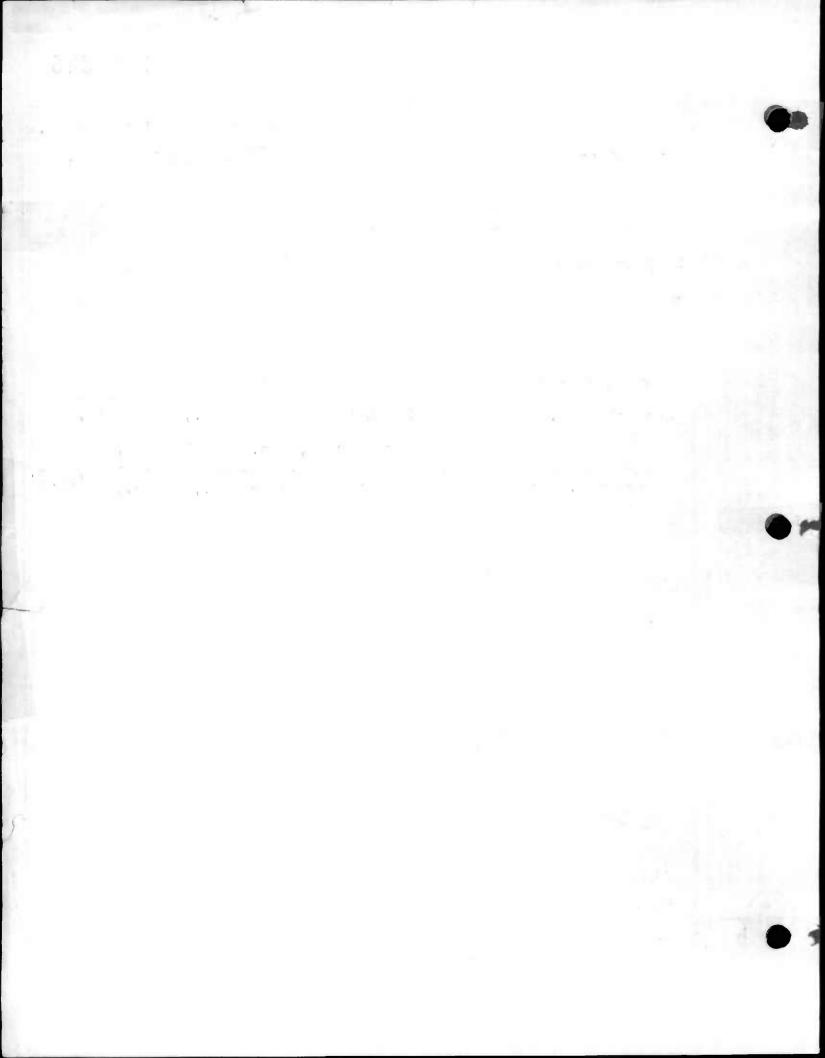
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Thacker

3. TIME OF DEATH

4:15 P. M

DHMH-15 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physicis	mental After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-from
3760, E	ted within 24 nours afte	completely filled in by th
3, P.O. BOX 68	death certificate be execu-	attending physician and
AL RECORDS	he law requires that the	e has been signed by the
JISJON OF VIT	TENNING PHYSICIAN: T	men After this certificate
	195	œ

iding physician. s the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR STEAMING PHYSICIAN: The law requires that the detached to the funeral director, page 5 should be detached TO THE FUNERAL SECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to THE FUNERAL SECTION OF THE F

FOR STATE REGISTRAR			>LITTI	OAIL	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las JAMES H	.TA	MES	HOLOW	S VIA		2. DAT	E OF DEATH	9		13,05 NA
4. SOCIAL SECURITY NUMBER	100		last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATI	E OF BIRTN oth, Day, Year)		. BIRTNPL Country)	ACE (State or Foreign
229-14-6228	1 M M 2 □ F	95	YRS.	a continue of	none min.	7	nth, Day, Year) -19-96		Virg	inia
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION OF	OEATN		9c. COUNT		TN
NEDIDENCE OF DECEDENT	MEMORIAL H	OSPIT	AL	BAI	TIMORE CI	TY			N/A	
10a. STATE 10b. COUN	ety .		10c. CIT	Y, TOWN OR I	OCATION				10	d. INSIDE CITY
Maryland	N/A		Ba	ltimo	re				1	LIMITS?
10e. STREET AND NUMBER	***				101, ZIP CODE		10.19	10g. CITIZE	N OF WHA	AT COUNTRY?
3024 Iona Terrac	e				21214			USA		
11. MARITAL STATUS	12. WAS DECEDENT EX	VER IN U.S.	ARMED	13. WAS	DECENDENT OF HISP	ANIC ORIG	IN? (Specify Yee	or No- 1	4. RACE -	American Indian, Vhita, atc.
1 Never Married 2 Married NOV Mildowed 4 Olvorced	IF YES, GIVE WAR		- Mo	1 [YES XXXIO Spe	olly:	ricen, atc.)		Specify:	White
16. DECEDENT'S E	NICATION	100	DECEDENT'S	Hellal acci	IOATION!	1.4	b. KIND OF BUS	I I	0.7mv	MILLE
(Specify only highest gra	ide completed)	108.	(Give kind of v	work done duri	ng most of working	16	O. KIND OF BUS	SINESS/INDU	этнт	
Elementary/Secondary (0-12)	College (1-4 or 5+)		Ship F	itter			Sh	nip Ya	rd	
17. FATNER'S NAME (First, Middle, Last)			mip i	TUUCI	18. MOTNER'S	NAME (First	, Middle, Maiden	_	Lu	
William Moses V	ia						Shiff1			
19a. INFORMANT'S NAME (Type/Print)	14		19b. MAILING	ADDRESS (S	treet and Number or Run				Code)	
Donald E. Via			3024	Tona T	Cerrace Ba	ltim	ore. Ma	rvlan	d 21	214
20a. METHOD OF DISPOSITION			CE ANO OATI	E OF OISPOS	ITION (Name			CATION - CI		
XX Kurial 2 Cremation 3 Re	moval from Stata	Priz	ze Hil	1 Ceme	etery	9-	7 Cha	rlott	svil	le, Virgin
ATURE OF FUNERAL SHOPE	Jen Jen	06		22. NA	ME AND ADDRESS OF				1 17	
	/ /	un	46				ell-Wie			
23. PART I. Enter the diseesee, o	p hen Xenak or complications that constitution on the course	on eech I	death. Do r Ine.	not enter th	OO York Ro	ad B	altimor	e Mar	ylan	
23. PART I. Enter the disease, of ahock, or heert fellur IMMEDIATE CAUSE (Final	a. OUE TO (OF	R AS A CON	death. Do r Ine.	tus	00 York Ro	ad B	altimor	e Mar	ylan	Approximate Interval Between
23. PART I. Enter the disease, of ahock, or heert felture immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. OUE TO (OF	R AS A CONT	seouence of	Fi:	OO York Ro	ad Bouch as ca	altimor	re Marrielliratory arres	ylan at,	Approximate Interval Between
23. PART I. Enter the disease, of ahock, or heert fellur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions.	a. OUE TO (OF DUE TO (OF d. ODE TO TO DUE TO (OF d. ODE TO TO DUE TO (OF d. ODE TO	R AS A CONT	seouence of	F): F): In the under	OO York Ro	ad Bouch as ca	24e. WAS AN PERFOR	re Marrielliratory arres	ylan at,	Approximate Interval Betwo Onset and De
23. PART I. Enter the disease, of ahock, or heert fellur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant conditions in the conditions in death of the conditions in the cond	b. DUE TO (OF d. HOSPITAL:	R AS A CONTRACT	death. Do rine. SEOUENCE OF SEOUENCE OF Teaulting	F): In the unde	orlying couse given	ad Bouch as ca	24e. WAS AN PERFO	re Marrielliratory arres	ylan at,	Approximate Interval Betwo Onset and De
23. PART I. Enter the disease, of ahock, or heert fellur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions.	b. DUE TO (OF d. HOSPITAL: 1 1 Impatient 2 = E	R AS A CONSTRUCTION OF THE PROPERTY OF THE PRO	SEOUENCE OF TEACH TO THE TEACH	F): OTHER: A Nursin	orlying ceuse given 26. PLACE OF DEATH	In Part I.	24e. WAS AN PERFO	I AUTOPSY	ylan nt,	Approximate Interval Betwo Onset and De
23. PART I. Enter the disease, of ahock, or heert fellur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other algnificant conditions in the conditions in	Dhen Xenak or complicatione that car e. List only one ceuse a. OUE TO (OF DUE TO (OF d. DUE TO (OF d. HOSFITAL: 1 1 Inputent 2 El 28a. DATE OF IN. (Month, Day,	R AS A CONSTRUCTION OF THE PROPERTY OF THE PRO	SEOUENCE OF TEACH TO THE TEACH	F): OTHER: 4 Nursin	orlying ceuse given 28. PLACE OF DEATH	In Part I.	24e. WAS AN PERFO! 1 VES 2	I AUTOPSY	ylan nt,	Approximate Interval Betwo Onset and De
23. PART I. Enter the disease, of ahock, or heert fellur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions in the condition of the cause	D hen Xenak or complicatione that care. List only one ceuse a. OUE TO (OF DUE TO (OF DUE TO (OF C. DUE TO (OF d. ONE HOSFITAL: 1 Dinpetient 2 = EI 28a. DATE OF IN. (Month, Day, on 28a. PLACE OF IN building, sto	RAS A CONTRACTOR AS A CONTRACT	SEOUENCE OF SEOUENCE OF TEAUTHING	OTHER: 4 OF Nursin	orlying couse given 26. PLACE OF DEATH g Home 5 Resident OC. INJURY AT WORK? 1 YES 2 NO	In Part I.	24e. WAS AN PERFO! 1 VES 2	I AUTOPSY RMED? ROUTOPSY RMED? ROUTOPSY RMED? ROUTOPSY RMED?	ylan 24b. W	Approximate interval Betwo Onset and De
23. PART I. Enter the disease, of ahock, or heert fellur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant conditions in the condition of the cond	D hen Xenak or complicatione that care. List only one ceuse a. OUE TO (OF b. DUE TO (OF c. DUE TO (OF d. Ione contributing to de HOSPITAL: 1 [Input ent 2 OF It (Month, Dey. The Deep To the best of my	RAS A CONSTRUCTION OF THE PROPERTY OF THE PROP	SEOUENCE OF SEOUEN	OTHER: 4 ONUMBINE OF MEDIUMY M street, factory	on York Roe mode of dying, and the mode of dying and the mode of dying, and the mode of dying and the mo	In Part I. Check only 28d. D 28f. LC	24a. WAS AN PERFO! 1 VES 2 One) CESCRIBE HOW I CONTINUES (Specify) DESCRIBE HOW I CONTINUES (Specify) CONTINUES (Specify)	I AUTOPSY RMED? INJURY OCCU	ylan at, 24b. W Acc On 1	Approximate interval Betwo Onset and De Interval Betwo
23. PART I. Enter the disease, of ahock, or heert fellur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant conditions in the condition of the cond	b. DUE TO (OF d HOSPITAL: 1 Tinputlent 2 DE II (Month, Day, and be be determined by building, sto	RAS A CONSTRUCTION OF THE PROPERTY OF THE PROP	SEOUENCE OF SEOUEN	OTHER: 4 ONUMBINE OF MEDIUMY M street, factory	on York Roe mode of dying, and the mode of dying and the mode of dying, and the mode of dying and the mo	In Part I. Check only 28d. D 28f. LC	24a. WAS AN PERFO! 1 VES 2 One) CESCRIBE HOW I CONTINUES (Specify) DESCRIBE HOW I CONTINUES (Specify) CONTINUES (Specify)	I AUTOPSY RMED? INJURY OCCU	ylan at, 24b. W Acc On 1	Approximate interval Between Onset and De Conset and De Co
23. PART I. Enter the disease, of ahock, or heert fellur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of the condit	D hen Xenak or complicatione that care. List only one ceuse a. OUE TO (OF b. DUE TO (OF c. DUE TO (OF d. Inpatient 2 Element 2 Eleme	RAS A CONICA AS A	death. Do rine.	OTHER: 4 Nursin HE OF 24 JURY M etreet, factory	on York Roe mode of dying, and the mode of dying and the mode of dying, and the mode of dying and the mo	In Part I. Check only 28d. D 28f. LC	24a. WAS AN PERFO! 1 VES 2 One) CESCRIBE HOW I CONTINUES (Specify) DESCRIBE HOW I CONTINUES (Specify) CONTINUES (Specify)	I AUTOPSY RMED? RMED? RMED NO INJURY OCCU	ylan at, 24b, Wan An Co Or Rural Rock d. cause(a) a	Approximate interval Betwo Onset and De Interval Betwo
23. PART I. Enter the disease, of ahock, or heert fellur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant conditions in the condition of the condit	D hen Xenak or complicatione that care. List only one ceuse a. OUE TO (OF b. DUE TO (OF c. DUE TO (OF d. Inpatient 2 Element 2 Eleme	RAS A CONICA AS A	death. Do rine.	OTHER: 4 Nursin HE OF 24 JURY M etreet, factory	on York Ro	In Part I. Check only 28d. D 28f. LC	24a. WAS AN PERFO! 1 VES 2 One) CESCRIBE HOW I CONTINUES (Specify) DESCRIBE HOW I CONTINUES (Specify) CONTINUES (Specify)	I AUTOPSY RMED? RMED? RMED NO INJURY OCCU	ylan at, 24b, Wan An Co Or Rural Rock d. cause(a) a	Approximate interval Betwoonset and De Onset

21	after
21	20
BALTIMORE, MARYLAND 2121	OD ATTENDIAR DAVOCIAN. The law requires that the death certificate the executed within 24 hours after death. Dane 6 may be retained by the hospital or after
A	ě
Ξ	2
JAF	Prainec
	8
8	SEM.
9	8
E	8
AL	reath
Ø	affar
-	MIR
	A PC
-	hin
9	Ja Mi
387	Curte
×	a pyra
0	to by
. E	tifica
O.	CAL
	death
õ	4
CH	that
Ö	irac
H	radi
۲	340
I	E
>	MAIL
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Well
Z	0
0	IN IN
S	TE
2	A GC
	,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGIST		Illiania a a a			CERTIFIC	AILOI		T	REG. NO.			and the second second
ROB	ERT	N	1. V	OLLME	R			2. DATE MONTH	OF DEATH	NY .	YEAR	5 40 P
	26-16		5. SEX 1 M 2 F	AGE (In yrs. 5	- "	F UNDER 1 YEAR ONTHS DAYS		(Month	24, 199	935	Country	PLACE (State or Foreign y) 1Sylvania
9a. FACILITY	NAME (If not In	1	treet and number)	nito	. 1		OR LOCATION OF D		11	9c. COU	Ba 1	
	CE OF DEC	EDENT	1,00	P .						1c	100	
10e. STATE MD		Balt	imore			Town or loc	ATION					16d. INSIDE CITY LIMITS? 1 YES 2 NO
	ANO NUMBER	4				1	Of. ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?
610 5	Stacy (Court					21204				USA	
	STATUS larried 2 XX ed 4 Dive		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2X	ARMED	If yes, :	ECENDENT OF HISPA specify Cuben, Mexico S 2 NO Specif	en, Puarto I		or No—	14. RACE Black Speci	E — American Indian, k, White, etc. White
	15. DEC	EDENT'S EDU	CATION completed)	16a. I	DECEDENT'S U	SUAL OCCUPAT	TION nost of working	16b	KIND OF BU	SINESS/INC	DUSTRY	
	ry/Secondary (6 L2 year	1-12)	College (14 or 5+) 4 yea:	-	(Give kind of wo life. Do NOT use redit	100	entative		G.	M. A	A. C.	
17. FATHER'S	NAME (First, N	liddle, Last)	Fredi	rick V	ollmer		16. MOTHER'S NA Leona			Surname)		
	ANT'S NAME (19b. MAILING A		t and Number or Rural	Route Num	ber, City or Tow	vn, State, Zip	Code)	
Maure	een Vol	Llmer			610 St	cacy Co	ourt Tow	son,	MD 2	1204		
1 Duriel	OF DISPOSIT	on 3 🗆 Rem	oval from State	20b. PLAC	ce and date of	of DISPOSITION OF CEME	on (Name etery	9/1		cation — ltimo		
21. SIGNATUR	RE OF FUNERA	L SERVICE LI	CENSEE			_						
23 PART I	Enter the	L	Ebavg	6	death Do no	Jchi 852	and address of Fanson Fune Loch Ra	ral H ven H	Blvd.			
	ahock, or h E CAUSE (Fi condition_	eart fallure.	DUE TO (A CER	EBIRAL SEQUENCE OF):	John 852: t enter the n	nson Fune Loch Rande of dying, such	ral F ven F	Blvd.			Approximate interval Betwee Onset and De
iMMEDIATE disease or resulting in	ahock, or h E CAUSE (Fire condition n death)	neart fallure.	List only one caus ZNTR: BUE TO (6	A CER	Ine. EBIRAL	John 852: t enter the n	nson Fune Loch Rande of dying, such	ral F ven F	Blvd.			Approximate interval Betwee Onset and Dec
iMMEDIATE disease or resulting in Sequentiali if any, lead cause. Ente	ahock, or h E CAUSE (Fi condition_	tions, diate	S. DUE TO (C	A CER OR AS A CONS	SECUENCE OF:	John 852: t enter the n	nson Fune Loch Rande of dying, such	ral F ven F	Blvd.			Approximate interval Betwee Onset and Dec
immediate disease or resulting in Sequential If any, lead cause. Ente CAUSE (Distinct initiate	ahock, or he CAUSE (Fire condition no death) ly list conditing to immeding to immeder UNDERLY sease or injections.	eart failure.	S. DUE TO (C	A CER OR AS A CONS	Ine. EBRAL SEOUENCE OF): WSIVE	John 852: t enter the n	nson Fune Loch Rande of dying, such	ral F ven F	Blvd.			Approximate interval Betwee Onset and Dea
immediate disease or resulting in Sequentiali if any, lead cause. Ente CAUSE (Die that initiate resulting in	whock, or he condition on death) Ity list condition of the condition of t	eart fallure.	S. DUE TO (C	OR AS A CONS	INE. EBRAL SEQUENCE OF): SEQUENCE OF): SEQUENCE OF)	John 852: t enter the n	nson Fune Lioch Ra Lioch Ra node of dying, suc norrha	ral F ven F ch sa com	Blvd. diac or resp diac or resp	A AUTOPSY RMED?	reat,	Approximate interval Betwee Onset and Des / O /-I D d
immediate disease or resulting in Sequentiali if any, lead cause. Ente CAUSE (Die that initiate resulting in	whock, or he condition on death) Ity list condition of the condition of t	eart fallure.	S.	OR AS A CONS	INE. EBRAL SEQUENCE OF): SEQUENCE OF): SEQUENCE OF)	John 852: t enter the n	nson Fune Lioch Ra Lioch Ra node of dying, suc norrha	ral F ven F ch sa com	Blvd. diac or resp	A AUTOPSY RMED?	reat,	Approximate Interval Betwee Onset and Des / O /-I DA WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
immediate disease or resulting in Sequentiali if any, lead cause. Ente CAUSE (Die that initiate resulting in	whock, or he condition on death) Ity list condition of the condition of t	eart fallure.	S.	OR AS A CONS	INE. EBRAL SEQUENCE OF): SEQUENCE OF): SEQUENCE OF)	John 852: t enter the n	nson Fune Lioch Ra Lioch Ra node of dying, suc norrha	ral F ven F ch sa com	Blvd. diac or resp diac or resp	A AUTOPSY RMED?	reat,	Approximate interval Betwee Onset and Des / O /-I D d
IMMEDIATE disease or resulting in Sequential if any, lead cause. Ente CAUSE (Did that initiate resulting in PART II. Of	shock, or he CAUSE (Fic condition in death) Ity list condition in death)	eart failure. nai clons, diate ING IT ant condition	S. DUE TO (C. OUE TO (OR AS A CONS	INE. EBRAL SEQUENCE OF): SEQUENCE OF): SEQUENCE OF)	John 852: t enter the n	nson Fune Lioch Ra Lioch Ra node of dying, suc norrha	ral F ven F ch sa com	BIVO. diac or reap 24a. WASAM PERFOI 1 YES	A AUTOPSY RMED?	reat,	Approximate Interval Betwee Onset and Det / O /-I DO A WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE disease or resulting in Sequential if any, lead cause. Ente CAUSE (District Initiate resulting in PART II. Of	shock, or he CAUSE (Fic condition in death) Ity list condition in death)	eart failure. nai clons, diate ING IT ant condition	S.	OR AS A CONS	INE. EBRAL SEQUENCE OF): SEQUENCE OF): Ot resulting in	John 852: t enter the n HET CR the underly	ISON Fune Loch Rate Mode of dying, such MORRHA 1515	ral F ven F ch se com	24a. WAS AN PERFO	A AUTOPSY RMED?	reat,	Approximate Interval Betwee Onset and Det / O /-I DO A WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE disease or resulting in Sequential if any, lead cause. Ente CAUSE (bit that initiate resulting in PART II. Ot	ehock, or he CAUSE (File condition in death) Ity list condition i	eart failure. nai clons, diate ING IT ant condition TO MEDICAL Pending	B. DUE TO (C. OUE TO (OR AS A CONSOR AS A CONS	INE. EBRAL SEQUENCE OF): SEQUENCE OF): Ot resulting in	John 852: t enter the n HE7 CR the underly the underly 26. OTHER: Nursing H OF 28c. I	ISON FUNE L Loch Rat L Loch Rat Mode of dying, suc MORRHA 1515	ral F ven F ch se com	24a. WAS AN PERFO	A AUTOPSY RMED?	24b	Approximate Interval Betwee Onset and Dei / O I I O I O I O I O I O I O I O I O I
IMMEDIATE disease or resulting in Sequential if any, lead cause. Ente CAUSE (District Initiate resulting in PART II. Of SEXAMINE 1 YES	ehock, or he E CAUSE (Fic condition n death) Ity list condition in death) Ity list condition in death) Ity list condition in death) Ity list condition in death) Ity list condition Ity list	clons, diate ling ling ling ling ling ling ling ling	B. DUE TO (C. OUE TO (OR AS A CONS	SEQUENCE OF): SE	John 852: t enter the n HE7 CR the underly the underly 26. OTHER: Nursing H	ISON FUNE LIOCH Rate LIOCH Rate LIOCH Rate MORRHA 15/5 Ing cause given in PLACE OF DEATH (Coome 5 Residence MORKY VES 2 NO	Part I.	24a. WAS AN PERFO	A AUTOPSY RMED? INJURY OC and Number	24b	Approximate Interval Betwee Onset and Det / O / P/Od
IMMEDIATE disease or resulting in Sequential if any, lead cause. Ente CAUSE (Did that initiate resulting in PART II. Of PART III. Of PART II. Of PART II. Of PART II. Of PART III. OF P	ahock, or he E CAUSE (Fi condition n death) Ity list condition n death)	eart failure. nai clons, diate iNG ury TO MEDICAL Pending investigation Could not be determined	List only one caus INTR S. DUE TO (6 DUE TO (6 C. OUE TO (6 DE TO (6 D	e on each if A CER S OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS ER/Outpatient NJURY	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): A 3 □ DOA I I I I I I I I I I I I I I I I I I I	John 852: t enter the n HE7 CR the underly the underly 26. OTHER: Nursing Ho OF 28c. I RY M 1 [rest, factory, of	ISON Fune Loch Rainode of dying, such more RHA 15/5 Ing cause given in PLACE OF DEATH (Come 5 Residence NUORKY AT NOOKY) YES 2 NO fice site and place, and du	Part I. Part I. Sheck only o 28d. DE 28f. LOC City as to the case to the	24a. WAS AN PERFO	I AUTOPSY RMED? INJURY OC and Numbe	24b	Approximate Interval Betwee Onset and Des / O HOM
IMMEDIATE disease or resulting in Sequential if any, lead cause. Ente CAUSE (Distant initiate resulting in PART II. Ot	ahock, or he E CAUSE (Fi condition n death) Ity list condition n death)	eart failure. A condition of the condit	List only one caus INTR DUE TO (C OUE TO (C OUE TO (C OUE TO (C And Contributing to C And Contributing to C 28a. DATE OF I (Month, Day 28a. PLACE OF building, c ICIAN: To the best of r ER: On the best of axi	e on each if A CER OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS ER/Outpetlent NJURY ('Year) INJURY — At otc. (Specify) my knowledge, amination and/	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): A 3 □ DOA I I I I I I I I I I I I I I I I I I I	John 852: t enter the n HE7 CR the underly the underly 26. OTHER: Nursing Hi OF 28c. I RY M 1 [reet, fectory, of	ISON Fune Loch Rainode of dying, such more RHA 15/5 Ing cause given in PLACE OF DEATH (Come 5 Residence NUORKY AT NOOKY) YES 2 NO fice site and place, and du	Part I. Part I. Sheck only o 28d. DE 28f. LOC. City In to the case time, date	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED? INJURY OC and Number India to till 29d. DAT	24b CURED or or Aural interesting the cause(in	Approximate Interval Betwee Onset and Dei / O I P O O O O O O O O O O O O O O O O O

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

or attending physician.	or use as the burial-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x riours after death. Page 6 may be retirined for the transfer of the control of t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 smultings emitted in signed by the attending physician and completely filled in by the funeral director, page 5 smultiple emission at the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netilined at once

y.	FOR 1 _ STATE	STATE OF MA	ARYLAND /	DEPAR	TMENT OF I	IEALTH :	AND M	IENTAL HYGIEN		24	549
	REGISTRAR				ICATE OF			REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) VAY W	ATTU						2. DATE OF DEATH	av a	YEAR 3. 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	0 1	8. BIRTHPLA	CE (State or Foreign
	219-52-4781	1 M 2 □ F	44	YRS.	MONTHS DAYS	HOURS	MIN,	08 14	47	(n) A	RYLAND
OR	Stella Maris Hos				96. CITY, TOWN TOWSOT		N OF DEA	TH	45	TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND			10c. CIT	Y, TOWN OR LOCA				,		. INSIDE CITY LIMITS? YES 2 \ NO
	10o. STREET AND NUMBER					f. ZIP CODE				EN OF WHAT	COUNTRY?
FUNERAL	917 SANDALWOOD					2122				J.S.A	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 () IF YES, GIVE WA	YES 2 N		If yes, s	pecify Cuben		C ORIGIN? (Specify Ye , Puerto Rican, etc.)	s or No—	Black, Wh	American Indian, ilta, etc. BLACK
8	16. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DEC	CEDENT'S	USUAL OCCUPATI work done during m se retired.)	ON out of working	,	16b. KIND OF BU	SINESS/INDU	JSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			RVISOR			MTA			
CO	17. FATHER'S NAME (First, Middle, Last) PURNELL WATT	v				18. MOTH		IE (First, Middle, Maide TINE DES		nc	
BE	19a, INFORMANT'S NAME (Type/Print)	1	196	MAILING	ADDRESS /Street			oute Number, City or To			
욘	JOANNE WATTY		9:	17 5	SANDALW	00D	RD.	/BALTIMO			221
	20a. METHOD OF DISPOSITION 1 Description 2 Comment 3 Permit Property 1 Permit 2 Permit	wal from State	20b. PLACE C other pla	DF DISPO	N FORES	metery, crem	atory or	M 0 W		MILL:	
	21. SIGNATURE OF PURERUL SERVICE LIC	ENSEE / /	J GARR	130		ND ADDRES			11105	111111	0, 110
	· 4 Settin	1) Elve	on		WM.	C.MAR	RCH	F.H./11	01 E.	NOR	TH AVE.
	23. PART i. Enter the diseases, or c	or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,					Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	IMEDIATE CAUSE (Final sease or condition)						Onset and Death			
	14,44,45,44,41	DUE TO (C	OR AS A CONSEC	WENCE O	1 9:						
NO!	Sequentially list conditions, if any, leading to immediate	DUE TO (1	OR AS A CONSEC	WENCE O	F):	-					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	WENCE O	n:						
ERTI	resulting in death) LAST	4		-0.00						!	
ادا	PART II. Other significant condition	s contributing to c	leath but not n	esulting	in the underlyis	ng cause g	iven in F				RE AUTOPSY FINDINGS
MEDICA									PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO OF DEATH?		
ME								_			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. 1	LACE OF DE	EATH (Che	ck only one)			
S	EXAMINER?	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Re	sidence (Other (Specify)	Hospi	CO	
/ PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF II (Month, Day		28b. TIR IN.	JURY W	JURY AT ORK? YES 2	NO	28d. DESCRIBE HOW			
red BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At horecolly)	me, ferm,	street, factory, off	Ce		281. LOCATION (Street City or Town, State	and Number	or Rural Route	Number,
OMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI										d manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	. ale	Lan	de	10		2708			9 06	nth, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	4 27) (See	(Point)				-		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)

Alexander,

Carla S.

SEP 1 0 1991 0 1991

M.D.-Stella Maris Hospice-Dulaney Valley Rd. - Towson 21204

DHMH-16 Rev 1/89

3. TIME OF DEATH

BEG NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last)

_
-
9
126
~
Ψ
80 X 68
0
\simeq
•
0
_
α.
S
0
=
RECORD:
0
Ö
\sim
ш
Œ
VITAL
4
_
OF
0
0
7
7
O
S
-
=
0
-

Waters MONTH 04 800 urolyn 7. DATE OF BIRTH (Month, Day, Year) 1-25-5 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-70-5105 33 DAYS 1 M 2 A F Md. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Balto. 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto. Md. 1 YES 2 NO permit. 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 21216 U.S.A. ysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit prior to burial, cremation, or removal. 3005 Wolcott Ave. NAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf wes. specify Cuban, Mexican, Puerto Rican, stc.) within 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Ri

1 YES 2 NO Specify: 1 Never Married 2 Married BY Black 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Willa Chambers Cornelius 7 Waters BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2838 Gatehouse Dr. Balto., Md. 21207 Willa Waters 9 20e, METHOD OF DISPOSITION
1 W Burial 2 Cremation 3 Ren
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camering, crematery or other place) 20c. LOCATION — City or Town, State DATE must l 9/14 Balto., Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons COM 1701 Laurens St. Balto., Md. 21217 23. PART . Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feliure. List only one cause on each line. the medical **Approximata** Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) AIDS traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed Sinusitis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hygiene prior to Meningitis
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury injury, or other that initieted events resulting in deeth) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL shows any 1 TYES 2 NO OF DEATH? 1 TES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 Inpetient 2 - ER/Outpetient 3 - DOA 1 YES 2X NO OTHER: OR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 28a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation M 1 YES 2 NO BY TO THE FUNERAL DIRECTOR: After to the selection of the se 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be determined 4 Homicide COMPL CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lims, data and place, and due to the cause(a) and memor as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Choony Kim, mo D38485 6/91 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore, Liberty medica l Center mo 21215 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE SEP 1 0 1991 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Pages 1, 2, 3 should

permit.

r after	use a		7
spital	hed for		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the ho	detac		ouce
ed by	od blu		ed at
retain	5 sho		notifi
шау Б	r, page		st be
age 6	directo		DIE 16
ath. P	uneral		amine
after d	y the 1	noval.	cal e
POULS	d in b	Or ren	medi
in 24	ely fille	nation,	t, the
ad with	omplet	al, crer	even
executi	and c	o pay	matic
ate be	ysician	prior 1	r trau
certifica	fing ph	ygiene	othe
death	aftenc	ental H	IT, 0
at the	by the	and M	y In
ires th	signed	-lealth	WS an
w requ	peen	pt. of	3 sho
The la	ste has	ate De	em 2
CHAN	sertifica	the St	07
S PHYS	r Phisa	The Party	arked
ENDING	R: Afte	er deal	Is m
R ATT	RECTO	urs aft	вт 28
TAL 0	RAL D	72 ho	11.10
HOSP	FUNE	within	TIANT
TO THE	THE THE	be filed	MPOF
		_	_

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH МОНТН ESTE AM 8. BIRTHPLACE (State or Foreign Country) 4 SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Monty, Day, Year) 6 23 2 IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 temore . FACILITY 9c. COUNTY OF DEATH Balto CH DIRECTOR TIMOR & RESIDEN 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO IMORE 10. STREET AND NUMBER 2517 FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5 12 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14. RACE — American Indian, Black, White, atc. If yes, specify Cube

1 YES 2 NO ORCES? 1 YES 2 YES, GIVE WAR OR DATES FORCES? 1 Never Married 2 🖹 Specify: BY 3 Widowed 4 Divorced -ACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 0 17. FATHER'S NAME (First Middle | set) 18. MOTHER'S NAME Reema PRAWNER 8 19a. INFORMANT'S NAME (Type/Print) 10h MAII ING ADDDESS /SH 2 1218 JAMes 20a. METHOD OF DISPOSITION

1 Burlel 2 Cremation 20b. PLACE AND PATE OF DISPOSITION (Name 3 🗆 Donation 8 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAN AND ADDRESS OF FACILITY m OMMUN BROWN ROULA 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heert fellure. List only one cause on each line. interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) colon conver me DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PHYSICIAN: MEDICAL COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 TYES 2 TONO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO nt 2 - ER/Outpetient 3 - DOA 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 264. DESCRIBE HOW INJURY OCCURED Natural 8 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide datarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and ma SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE D 9 1919 2 TED CAUSE OF DEATH (ITEM 27) (Type, Print) 113 19 32. PEGIGTRAR'S

nding	hed for use as the		
atte	use		
ital o	1 for		
dsu	Dell		ej
ě	No.	7	٥
ğ	Til.		Pa
ě	4	•	otiffi
Pe	age 5		De no
may	or, p		ust
age 6	direct		E
- B	eral		mine
dea	e fur	-	еха
afte	by th	гетома	ical
hours	u p	Or FE	med
24	y fille	ition,	the
within	pletel	стета	ent,
nted	EOO	rial,	20 3
exec	ician and completely filled in by the ful	to bu	mati
AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	Siciar	Shior	tract
tifical	D phy	ene	ther
h cer	endin	Ě	0 0
deat	e atte	enta	Ľ,
at the	by th	Pug S	/ Inj
as the	paul	alth	an s
edniu	en sig	of He	how
J ME	s pe	ept	23 \$
9	ate h	ate D	E
CAN	artifica	he St	0
ĮŠ.	TOR: After this certificate has been signed by the attending physician	With t	ced,
NG P	fter ti	eath v	mari
ENO	R: A	ter d	90
AII	SECTION	ILS SI	H 2
5	10	2 hou	He
SPIIN	NERA	July 7	RELINE If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
2	E P	The Whin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bu	割
0	E D	4	죝
	_	20	
			ı

	1 - FOR STATE REGISTRAR	STATE OF I	MARYL	AND / DEPA CERTII	RTMENT	OF H	IEALTH DE A	I AND I	MENTAL HYGIE	NE.	24	552
	1. DECEDENT'S NAME (First, Middle, Last)				·	<u> </u>	DEA		REG. N			3. TIME OF DEATH
	Gertrude Corinne		son						9-4-19	91	YEAR	1:00 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birthday,		YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Count	HPLACE (State or Foreign
1	216-03-3252 9a. FACILITY NAME (If not institution, give s		19	YAS.					7-6-19		Balt	Md.
E E	4731 Shamrock Av				96. CITY, T				EATH		UNTY OF E	DEATH
DIRECTOR	RESIDENCE OF DECEDENT				Balt			TTY		1	N/A	
E	Maryland N/A	Υ			TY, TOWN OR							10d. INSIDE CITY LIMITS?
	Maryland N/A 100. STREET AND NUMBER			Ba	ltimor	_	ZIE COD	-				1 X YES 2 NO
FUNERAL	4731 Shamrock Av	enue					21206			U.S		WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER I	N U.S. ARMED	13. WM	S DEC	ENDENT	OF HISPAN	IIC ORIGIN? (Specify		14 BAC	E — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1			II y	/es, spe	ecify Cubi	nn, Maxicai Specify	n, Puarto Rican, atc.)		Blac	k, White, etc.
	15. DECEDENT'S EDU	CATION		18a. DECEDENT'S	LIEUAL OCC	UDATIO			and the second second		Whit	e
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	4)	(Give kind of life. Do NOT	work done dur ise retired.)	ing mos	in st of worki	ing	16b. KIND OF E	IUSINESS/IN	DUSTRY	
MPL	12th Grade		,	Advert:	ising	Dep	artı	ment	Hecht	Compa	anv	
00	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maid		,	
BE	Alvin R. Wilkers	on							Wilburn			
2	19a. INFORMANT'S NAME (Type/Print) Clarence M. Rhoo	log							Coute Number, City or T			
	20a METHOD OF DISPOSITION		206	PLACEANDDATE				enue,	Baltimo			
ì	1 Burial 2 Cremation 3 Rame 4 Donalion 5 Other (Specify)	oval from Stata	cen M	etery, cremetory or	other place) Memor	ial	me oi			LOCATION -		wn, Stata Jaryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE)		1	22 NA	ME AN	D ADDRE	SS OF FAC	OH LITTY			
	Dackleen	M. Me	Mp	ker	641	n C 5 B	elai	r Ro	ad, Balti	imore.	. Mar	yland 21206
	23. PART i. Enter the diseases, pr c shock, pr heart feilure.	omplications tha	t ceused	the death. Do	not enter th	e mod	le of dy	ing, such	sa cardiec pr rea	piratory ar	rest,	Approximete
	IMMEDIATE CAUSE (Final	List Dnly Dne ceu	se Dn e	sch ijhe.							,	Intervel Between Onset and Death
	resulting in death)	o	U	H								acute.
		DUE TO	(OR AS A	CONSEQUENCE C	1	,						a ave 1
ō	Sequentielly list conditions, if any, leading to immediate	DUE/TO	OR AS A	CONSEQUENCE O	e on						-	ques
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury		45	CU	0.							years
E	that initisted events resulting in death) LAST	DUE-TO	(OR AS A	CONSEQUENCE D	F):							1
Hij		1.										
ا پ	PART II. Other significant conditions	s contributing to	deeth b	ut not reaulting	in the unde	riyIng	cause	given in F	Part I. 24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
8									1 TYES	2 TO NO		AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?
Σ												1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: MEDICA	EXAMINER?	HOSPITAL:	500.4-		OTHER:		1		ck only one)			
H.	27. MANNER OF DEATH	1 Inpetiant 2 I	INJURY	28b. TIN	E OF 28	Home			2ad. DESCRIBE HOW	IN HIEV OC	CUBED	
BYF	1 Naturel 5 Pending 2 Accident Investigation	(Month, De	sy, Year)	IN.	URY	WOR	K?	1	The second row	INCOM! OC	CONED	
	3 Suicida a Could not be	28a. PLACE Of building,	F INJURY atc. (Speci	— At home, farm,	streal, factory,	office			28I. LOCATION (Street	and Number	or Rural R	oute Number,
									City or Town, State	9)		
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the beat of	my knowle	ge, death occurr	ed at the Ilme,	data a	nd placa,	and dua l	o lhe cause(s) and m	enner as atal	ted.	
8	2 MEDICAL EXAMINES	R: On the basis of ax	amination	and/or/investigation	in my opini	lon, das	nth occur	ed at the ti	lma, data and placa, a	and due to th	na Cause(s)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2100	ix	L	1. X.		29c, LICE	NSE NUME	BER O 3	29d. DAT	E SIGNED	(Month, Dolf Joar)
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CARS	E OF DEA		and the same		Ba	0	00/		ept	6- 61
	Dr. Carlos E. Ara					kw	av.	Balt:	imore Ma	ryl an	d 21	205
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNA	TURE	2.01	- 1 7 4 4 C	-11	-u_u	LIDIE, MA	тутап	u 21.	203
	SEP 1 0 1991	Selia David	1	Danda DO								
											_	DHMH-18 Rev 1/89

Ħ.	ğ		eg.
唱,	Æ.		5
N.	B		8
Ĭ	the state of		Ĕ
2	出		1
İ	8		
127	5		Ë
8	田田		ner
1	ğ		E X
ter d	the	Syal.	9 8
Irs al	n by	Lew	edic
3	lled	٦, ٥٢	Ē
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20-201's after death. Plan 5 may be remined by the property of the hospital by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnish director page 5 should be because	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
with	nplet	Cred	vent
onted	00	urial,	ic e
exe	n an	0	ma
e De	Sicial	Srior	tran
ificat	P	ene	her
cer	nding	ĘŽ.	0
death	atte	autal	ž
the	y the	ž	를
that	4 pa	th an	any
uires	sign	Heal	M.S
ba.	peen	10	S.
e GA	has	Deb	23
-	cate	State	Item
ICIA	ertifi	the	0
YYS.	this c	With	ked.
NG F	fler	eath	шас
ENDI	R: A	ter d	8
AT	ECIC	rs aft	n 28
, OR	DIR.	hou	Iten
PITAL	ERAL	n 72	픮
F08	FUN	With	IAN
뿓	光	Pled	2
2	2	8	Ξ

4. SOCIAL SECURITY NUMBER 4. SPEAK STREET AND MINISTRATE TO PROJECT TABLE TO THE STREET AND MINISTRATE TO SHOW THE STREET AND NUMBER TO AND STREET AND STREET AND NUMBER TO SHOW THE STREET AND SHOW THE STREE	MONTH DAY YEAR	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY OYEAR 3. TIME OF DEATH MONTH DAY OYEAR 3. TIME OF DEATH MONTH DAY						
BOUND TO THE PART OF THE PART	7-4-91 3:00 /FM	-	M	1	1	<u>e</u>	Luk	
BE CITY, TOWN OR LOCATION HAZDOT HOSPITAL SERVED FOR POSSEDENT HAZDOT HOSPITAL	NN. (Month, Day, Year) Country)	-	MC					
Harbor Hospital Center Baltimore City		U OUTU TOU	100	79	<u> </u>			
THE STREET NO NUMBER 8687 FORT SMALL WOO GOOD 10 Maryland Anne Arundel Pasadena 10 Maryland Anne Arundel Pasadena 11 Maryland Anne Arundel Pasadena 11 Maryland Anne Arundel Pasadena 11 Maryland Anne Arundel Pasadena 12 Maryland Pasadena 13 Maryland Pasadena 14 Maryland Pasadena 15 Maryland Pasadena 16 Maryland Pasadena 17 Maryland Pasadena 18 Maryland Pasadena 19 Maryland Pasadena 10 Maryland Pasaden		- '	91	r				œ
8687 FORT SMAILWOOD ROAD 11. MARTHAL STATUS 11. MARTHAL STATUS 11. MARTHAL STATUS 12. WAS DECEDENT FORCES? 11. JYES 2 5(NO Submit Follows Martined 2 Marthad FORCES? 11. JYES 2 5(NO Submit Follows Martined 2 Marthad FORCES? 11. MARTHAL STATUS 12. WAS DECEDENT FORCES? 11. JYES 2 5(NO Submit Follows Martined 2 Marthad FORCES? 12. SA. SUBMIT MARTHAD STATUS 13. WAS DECEDENT FORCES? 14. JYES 2 5(NO Submit Follows Martined 2 Marthad FORCES? 15. DECEDENT S EDUCATION (Specify only highest princ completion) 16. DECEDENT'S USUAL OCCUPATION (Close and of work does during most of working on the working of working on the mode of working on the working on the mode of working on the w	City	Dare			TI CONTOC		Marian and the second s	읝
8687 FORT SMAILWOOD ROAD 11. MARTHAL STATUS 11. MARTHAL STATUS 11. MARTHAL STATUS 12. WAS DECEDENT FORCES? 11. JYES 2 5(NO Submit Follows Martined 2 Marthad FORCES? 11. JYES 2 5(NO Submit Follows Martined 2 Marthad FORCES? 11. MARTHAL STATUS 12. WAS DECEDENT FORCES? 11. JYES 2 5(NO Submit Follows Martined 2 Marthad FORCES? 12. SA. SUBMIT MARTHAD STATUS 13. WAS DECEDENT FORCES? 14. JYES 2 5(NO Submit Follows Martined 2 Marthad FORCES? 15. DECEDENT S EDUCATION (Specify only highest princ completion) 16. DECEDENT'S USUAL OCCUPATION (Close and of work does during most of working on the working of working on the mode of working on the working on the mode of working on the w	10d. INSIDE CITY LIMITS?	TOWN OR LO	10c. CITY, T		Y	10b. COUNTY	10e. STATE	Ä
Specific Content of the Content of	1 ☐ YES 2 🔀 NO	sadena	Pas	91	ne Arunde	Anr	Maryland	ة
Specific Content of the Content of	109. CITIZEN OF WHAT COUNTRY?						1	₹ I
Specific Content of the Content of	0.5111					Small		
Specific Content of the Content of	lexicen, Puerto Ricen, etc.) Black, White, etc.	If yes		1 YES 2 X	FORCES?	Married		준
15. RECEDENT'S EDUCATION (Specify only highest grains compiled) (Signed) for highest grains compiled (Signed) for highest grains (S		1 🗆 '		WAR OR DATES	IF YES, GIVE			וּ
199. INFORMANT'S NAME (%pop*print) 190. INFORMANT'S NAME (%pop*print) 190. MATCHORN 1215 Farmview Road Pasadena, Maryland 21122 200. METHOD OF DISPOSITION 120 Eventsion 1215 Farmview Road Pasadena, Maryland 21122 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 201. SIGNATURE for FUNERAL SERVICE LICENSES 21. SIGNATURE for FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY CHOOSE FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY CHOOSE FUNERAL SERVICE LICENSES 22. PART I. Enter the disposition, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 10		SUAL OCCUP	ECEDENT'S US	16e. E	CATION	EDENT'S EDU	15. DEC	
199. INFORMANT'S NAME (%pop*print) 190. INFORMANT'S NAME (%pop*print) 190. MATCHORN 1215 Farmview Road Pasadena, Maryland 21122 200. METHOD OF DISPOSITION 120 Eventsion 1215 Farmview Road Pasadena, Maryland 21122 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 201. SIGNATURE for FUNERAL SERVICE LICENSES 21. SIGNATURE for FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY CHOOSE FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY CHOOSE FUNERAL SERVICE LICENSES 22. PART I. Enter the disposition, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 10		retired.)	fe. Do NOT use n	·+) //				
199. INFORMANT'S NAME (%pop*print) 190. INFORMANT'S NAME (%pop*print) 190. MATCHORN 1215 Farmview Road Pasadena, Maryland 21122 200. METHOD OF DISPOSITION 120 Eventsion 1215 Farmview Road Pasadena, Maryland 21122 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 200. PLACE OF DISPOSITION (Name of cameter), cremetory or other place) 201. SIGNATURE for FUNERAL SERVICE LICENSES 21. SIGNATURE for FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY CHOOSE FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY CHOOSE FUNERAL SERVICE LICENSES 22. PART I. Enter the disposition, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 10	State of Maryland		uditor	A	years	2		를
199. INFORMANT'S NAME (TypePrint) 199. INFORMANT'S NAME (TypePrint) 190. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DISPOSITION (Name of camelety, cremetery or other place) 100. PLACE OF DEATH (Place And Author) 100. PLACE OF DEATH (Check only one) 100. PLACE OF DEATH (Check							17. FATHER'S NAME (First, A	ខ្ច
Catherine Anthony Catherine Anthony 1215 Farmiview Road Pasadena, Maryland 21122 206. PLACE OF DISPOSITION (Name of cembera, cemberary or other piaco) 206. LOCATION — City or Town, State 206. Command 206. LOCATION — City or Town, State 206.					ohn Anth			
20b. PLACE OF DISPOSITION (Name of camelon), commotory or other place) 20b. PLACE OF DISPOSITION (Name of camelon), commotory or other place) 20b. PLACE OF DISPOSITION (Name of camelon), commotory or other place) 20b. PLACE OF DISPOSITION (Name of camelon), commotory or other place) 20b. PLACE OF DISPOSITION (Name of camelon), commotory or other place) 20b. PLACE OF DISPOSITION (Name of camelon), camelony or other place) 20b. PLACE OF DISPOSITION (Name of camelon), camelony or other place) 20b. PLACE OF DISPOSITION (Name of camelon), camelon, or other, place) 21c. Name and Address of Facility Ceorge J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 Approximately and the cause of the camelon of dying, such as cardiac or respiratory arrest, interval diseases or condition. 21c. Name and Address of Facility Ceorge J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 Approximately and the cause of the camelon of dying, such as cardiac or respiratory arrest, interval diseases or conditions. 21c. Name and Address of Facility Ceorge J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 Approximately and the cause of the camelon of dying, such as cardiac or respiratory arrest, interval diseases or conditions. Approximately and the cause of the ca		198. MAILING ADDRESS (Street and Number of Hural House Number, City of Town, State, Zip Code)						
The place 2 Cremetion State A Doneston A				20h BLAC	ıy			.
22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or respiratory arrest, interval shock, or hearly indicated. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) IMMEDIATE CAUSE (Final disease or condition) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A		1 1 → Burlel 2 □ Cremation 3 □ Removal from State other place)						
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or hearly failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions resulting in death)	OF FACILITY	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY						
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, interval shock, or heary failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)					1	V	1400	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO F DEATH 1 1 1 1 1 1 1 1 1		23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximete						⇥
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28b. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	shock, or heart failure. List only one cause on each line.						- 1	
DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY. 1 YES 2 NO 27. MANNER OF DEATH 28b. DATE OF INJURY AT 28b. DATE OF INJURY AT 28c. DATE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	0.1331 2.133 2.33411	disease or condition						
Sequentially list conditions If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. DATE OF INJURY 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28e. DATE OF INJURY 28e. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED		DUE TO (OR AS A CONSEQUENCE OF)						
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	ma							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	88	D	Cal	rear	. Mai	т		
AMAILABLE PRIC COMPLETION OF DEATH 1 YES 2 NO NO YES 2 YES 2 NO NO YES 2 YES 3 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 5 YES 5 YES 5 YES 6 YES 6 YES 6 YES 6 YES 6 YES 6 YES 7 X		-		0.			빙	
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 26. PLACE OF DEATH (Check only one) THER: 1 YES 2 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) OTHER: 1 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY 28. DAT	PERFORMED? AVAILABLE PRIOR TO	the underl	t reaulting in	o death but no	ns contributing to	ant condition	PART II. Other algnific	ᇫ
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 26. PLACE OF DEATH (Check only one) THER: 1 YES 2 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) OTHER: 1 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?							ĕ
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one)	1 _ YES 2 _ NO						-	Σ∥
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 NURY 28b. TIME OF INJURY AT WORK?	TH (Check only one)	21	_			O MEDICAL	25. WAS CASE REFERRED	AN
27, MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Vear) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?		28. PLACE OF DEATH (Check only one) EXAMINER? 1 VES 2 NAO THOSPITAL: OTHER:						
(Month, Day, Year) INJURY WORK?		OF 26c.	26b. TIME (OF INJURY	28a. DATE O			Η̈́
M 1 YES 2 NO	ю		INJUH	Day, rear)	{MORN,			
		2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number,					3 Suicide 6	
H 4 Hornicide determined		4 Homicide determined building, atc. (Specify) City or Town, State)					4 Homicide	
City or Town, State							(Check only	릴
2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(e) end menner ed	at the time, data and place, and due to the ceuse(e) end menner ee stated.	, in my opinic	or Investigation,	examination end/o	ER: On the besie of	HCAL EXAMINE	2 MEI	ģ.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SHOWED (About, Day, You	SE NUMBER 29d. DATE BIONED (Accent, Day, Year)	LW	C	£L_	R	E OF CERTIFIE	296. SIGNATURE AND TITL	ш
	7/017-70 7 7/7/7/	Prior !	18 17	TOU	HO COMPLETED CA	F PERSON W	30, NAME AND ADDRESS (
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Tax Original Complete Co	2.	3001	10 DEATH (- HA	12/2	W.F. Wi		
	31. DATE FILED (MONTH), DOY, YOR) S. F. D. 1 1991 July Davidson-Randelle							94.

.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SEP 1 1 1991

38 REGISTBAR'S SIGNATON AND SER

THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 5 may be retained by the hospital or attending physician. HEFENINEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR DECEDENT'S NAME (First, Middle, Last)				ICATE	OF DEATH	1	REG. NO 2. DATE OF DEATH			3. TIME OF DEATH
Beverly ,	Λ11	ghey					9/6/91	AY ,	YEAR	
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est hirthday)	IF UNDER 1 Y	YEAR IF UNDER 24	HRS.	7 DATE OF BURTH		A BIRTI	3:48 Al
213-52-4914	1 □ M 2 △KF	42	YRS.	MONTHS D	DAYS HOURS	MIN.	4/28/4	9	Count	Md.
e. FACILITY NAME (If not institution, give at					OWN OR LOCATION	OF DE	ATH	9c. COL	INTY OF E	DEATH
University H	os.			Balt	timore			_		
RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Md. Rall			10c. CIT	Y, TOWN OR I	LOCATION					10d. INSIDE CITY LIMITS?
Bar	timore									1 TES 2 NO
De. STREET AND NUMBER					101. ZIP CODE	_		10g. CIT	TIZEN OF	WHAT COUNTRY?
326 S. Benta	lou St.				2122	3		U	ISA	
1. MARITAL STATUS Never Married 2 X Married Widowed 4 Divorced		NT EVER IN U.S. A I YES 2 TO MAR OR DATES	NO	If y	res, specify Cuban,		C ORIGIN? (Specify Yes, Puerto Rican, etc.)	e or No—	Blec	CE — American Indian, ck, White, etc.
15. DECEDENT'S EDU	CATION			USUAL OCCU			16b. KIND OF BU	SINESS/IN	DUSTRY	WILLE
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 4	le. Do NOT us		ring most of working					
Unknow	n	Ge	nera	l Fac	ctory W	ork	Fa	ctor	Э	
7. FATHER'S NAME (First, Middle, Last)							AE (First, Middle, Melder	Surname)		
Milton Paul Ro	nesler				Dor	oth	Topp	or		
e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	Street and Number of	Rural R	Y Topp loute Number, City or Tov	vn, State, Z	(p Code)	
David Roesler			907 A	ngel	Valley	C	t., Edgew	ood	Md	1. 21040
Be. METHOD OF DISPOSITION										
Burlel 2 Cremetion 3 Rem	oval from State			or other place	Cemetar	У	9-9-91	Ba]	- City or 1	Town, State Md •
Buriel 2 Cremetion 3 Rem Donation 5 Other (Specify) H. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	of cemeta Gree	ry, crematory en Mo	or other place ount (22. NA Br 21	SITION (Name Ce) Cemetar AME AND ADDRESS radley- 134 Wil	of FAC Ash low	9-9-91 Surviton Fund 7 Spring	Bal eral Rd	Lto.	Town, Stata
Buriel 27 Cremetion 3 Rem Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death)	complications the List only one can but to the state of t	et caused that use on each life to the control of t	death. Do i	e of Dispose of other place of Ot	Cemetar Cemetar Mare and address Are 34 Wil	of FAC Ash low	9-9-91 Surviton Fund 7 Spring	Bal eral Rd	Lto.	Town, State Md •
Burlel 27 Cremetion 3 Rem 5 Donetion 5 Other (Specify) 11. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications the List only one can be a Due to be to	of cemeta Gree	death. Do in the course of the	22. Na Br 21 not anter the	Cemetar Cemetar Mare and address Are 34 Wil	of FAC Ash low	9-9-91 Surviton Fund 7 Spring	Bal eral Rd	Lto.	Md. Me, Inc.
Burlel 27 Cremetion 3 Rem Donation 5 Other (Specify) 11. SIGNATURE OF FUNERAL SERVICE LIC Shock, or heart fellure. 123. PART I. Enter the diseases, or a shock, or heart fellure. 134. SIGNATURE OF FUNERAL SERVICE LIC Shock, or heart fellure. 145. Shock, or heart fellure. 146. Shock or heart fellure. 147. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. Res Buero Duero Duero Duero Duero Duero Ada Duero Duero Duero Duero Duero Duero Duero Duero Duero	et caused the use on each il	death. Do in a.	e of pispos or other piece ount 22. NA B1 21 not enter th	Cemetar Cemetar AME AND ADDRESS Tadley— 134 Wil	OF FACE	DATE 200. LC 9-9-91 SUITY TON FUNG 7 Spring 8 cartillo 2 7 7 8 p	PAUTOPS:	City or 1 Lto. Hol	Md. Me, Inc.
Burlel 27 Cremetion 3 Rem Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, famy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant conditions.	complications the List only one can be DUE TO DUE T	at caused that use on each life of the course of the cours	death. Do ins.	22. NA BY 21 not enter the	eriying cause gi	of FACE AS IN THE COMMENT OF FACE AS IN THE	Part I. 24a. WAS APERFO	PAUTOPS:	City or 1 Lto. Hol	Md . Me , Inc . Approximate Interval Betwo Onset and De
□ Burlel 2 □ Cremetion 3 □ Rem □ Donation 5 □ Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, famy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant conditions 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 NO	complications the List only one can be a contributing to	at caused the use on each life of the course	death. Do ins.	22. NA BY 21 not enter the	erlying cause given grows 5 and 12 y an	of FACE AS IN THE COMMENT OF FACE AS IN THE	Part I. 24a. was a Penro	PAUTOPSIPHED?	City or 1 Lto. Holy	Md . Me , Inc . Approximate Interval Betwo Onset and De
Buriel 27 Cremetion 3 Rem Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO DUE TO DUE TO DUE TO A	et caused that use on each ill use on each ill of caused that use on each ill of care in the caused that use on each ill of care in the ca	death. Do inns.	or hier place of the place of t	erlying cause girling home 5 Resident AT WORK?	of FACE AS I TOWN AS I TOW	Part I. 24a. WAS APERFO 1 Types Part I. 24a. WAS APERFO 1 Types PAUTOPS PRIMED?	CCURED	Md. Me, Inc. Approximate Interval Betwoonset and De Onset and De Ons	
□ Burlel 2 ▼ Cremetion 3 □ Rem □ Donetion 5 □ Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Finsi disease or condition) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 NO 7. MANNER OF DEATH 1 Natural 5 □ Pending	DUE TO DU	of cemeta Gree at caused the use on each if O (OR AS A CONS ER/Outpatient FINJURY	death. Do inns.	or hier place of the place of t	erlying cause girling home 5 Resident AT WORK?	of FACE AS I TOWN AS I TOW	Part I. 24a. WAS Al PERFO	PALITOPS: RMED? INJURY O	CCURED	Md. Me, Inc. Approximate Interval Betwoonset and De Onset and De Ons

ő	the	Dy th	=
H	tha s	ped the	amy
ပ္ပ	uire	Sign	DWS
2	V rec	been	-
_	8	has	23
ĭ	Ĕ	ate	tem
5	JAN	riffe	0
¥	NSIC.	S Ce	ed,
0	4	# 1	3
\leq	×	2	5 E
O		100	
Sic	TEND	8	1 82 11 82
DISIO	OR ATTEND	DIRECTOR	tem 28 ls
DIVISIO	M OR ATTEND	DIRECTOR	If item 28 is
DISINI	MITTER OR ATTEND	NEW DIRECTOR.	NT: If Item 28 is
OISINIO (CASTEND OR ATTEND	PARTIES DIRECTOR.	RTANT. If them 28 to
DIVISION OF VITAL RECORDS	TOWNER OF THE OR ATTENDING PHYSICIAN: The law requires that the	TO THE PROPERTY DIRECTOR After this certificate has been signed by the	IMPORTANT II I I I I I I I I I I I I I I I I I

		FOR STATE REGISTRAR	STATE OF		NI OF HEALTH AND	MENTAL HYGIEN	E 445
i:		1. DECEDENT'S NAME (First, Middle, Last)	BECKER	3		2. DATE OF DEATH MONTH DA	- 21 ////6 2
		4. SOCIAL SECURITY NUMBER 219-10-4875	5. SEX 1 M 2 F	In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN	46.6 - 46.4 Page 14 - 1	8. BIRTHPLACE (State or Foreign Country) MARYLAND
2, 3 should	OR	BALTIMERE COUNT	street and number) Y GENERAL A	JESPITAL P	ANDALLS TUNN	1	BOCK COUNTY OF DEATH BALTIMO RE
Pages 1,	DIRECTOR	10a. STATE 10b. COUN Mague AND BA	TIMORE	1	WN OR LOCATION		10d, INSIDE CITY LIMITS? 1 YES 2 PMO
nsit permit.	FUNERAL	100. STREET AND NUMBER 9705 SOUTHALL			10f. ZIP CODE 2//3	3	10g. CITIZEN OF WHAT COUNTRY?
ing physician. the burtal-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 YES	N U.S. ARMED 2 NO ATES WWII	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me: 1 PES 2 NO Sp		or No 14. RACE — American Indian, Black, White, etc. Specify:
al or attending for use as the	ETED.	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION (e completed) College (1-4 or 5+)	18e. DECEDENT'S USU. (Give kind of work of Me. Do NOT use reti	lone during most of working	16b, KIND OF BUS	
the hospit detached once.	COMPL	12 17. FATHER'S NAME (First, Middle, Last)		CLAIMS	PROCESSER 18. MOTHER'S	NAME (First, Middle, Maiden	CIAL SECURTTY Surneme)
retained by 5 should be notified at	TO BE	GILBERT B		196. MAILING ADD 9705	RESS (Street and Number or Ru SOUTHALL RD)	BESSIE RO Irel Route Number, City or Town RANDALLSTO	
6 may be ctor, page must be		20a, METHOD OF DISPOSITION X Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State		N (Name of cemetery, crematory	or 20c. LO	CATION — City or Town, State
death. Page funeral din examiner		21. SIGNATURE OF FUNERAL SERVICE I	L Lun	0.00	22. NAME AND ADDRESS OF SOL LEVING	FACILITY BOOK . ,	
ted within 24 nours after completely filed in by the ial, cremation, or removal. event, the medical e		23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acufe				
h certificate be executed and ing physician and com Hygiene prior to burial, or other traumatic ex	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.	A CONSEQUENCE OF):	Huter	y Da	ROSE
requires that the deen signed by the of Health and Mei		PART II. Other significant condition	one contributing to death b	out not resulting in the		1 In Part I. 24a. WAS AN PERFOR	RMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
cital: The light state has he State De or Item 2	/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		26. PLACE OF DEATH THER: Nursing Home 5 Resider		
	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO		
OR ATTENDING DIRECTOR: After hours after death them 28 is ma	ED	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stree icity)	t, factory, office	281. LOCATION (Street City or Town, State)	and Number or Rural Route Number,)
THE PARTY OF A	COMPLET	one) 2 HEDICAL EXAMI					nner ee stated. Indicate to the cause(e) and manner as stated.
NO.	ro BE (29b. BIODIATORE AND TITLE OF CENTUR	4 M.).	Attend	ing Mysice	NUMBER D 1462	29d. DATE SIGNED (Month, Dey, Year)
		1	WHO COMPLETED CAUSE OF DE	NATIBE			•
10		SEP 1 1 1991	Juna Daydson	-Randell			

20		3
age		he o
ector, p	72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	to tame of the medical ar them of about a principle of the transfer about the medical examiner must be not
al dir		ner
funer		Yam
y the	noval	i lea
Ē.	9	Ť
9	ŏ	È
y fille	tion.	444
pletel	сгета	ton
E O	100	8
b	unc	i
1 21	9	E
Sicial	prior	-
雹	9	9
2	gie	4
pue	£	20
Ħ	Ta Ta	2
율	Š	-
É	2	-
8	the state of	200
sign	Heal	-
66	10	ohi
has b	Dept.	23
cate	State	Item
P.	the	6
this c	with I	had
After	leath	-
÷	er (1
E	aff	90
뿐	DUIS	-
0	2 16	10.
4	1	-

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF	DEATH		REG. NO).			
	1. DECEOENT'S NAME (First, Middle, Last)			7					OF DEATH	AV	YEAR	3. TIME OF OEATN	
	ANNA MARY BROWN							MONTH DAY YE SEPT. 10, 1991				м	
	4. SOCIAL SECURITY NUMBER	5. SEX	birthday)			IF UNDER 24 HRS.	7. DATE OF BIRTH 8			8. BIRTI	8. BIRTHPLACE (State or Foreign Country)		
	213-01-7361	1 🗆 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS MIN.	4.7	o, Day, Year) CH 31,	1911		ALTIMORE	
	9a. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY,	TOWN 0	R LOCATION OF DE		311 31)		NTY OF E		
TOR	1007 BAYARD STRE	ET			ВА	LTI	MORE						
DIRECTOR	100. STATE 10b. COUNTY MARYLAND	10e. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION BALTIMORE							
	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF	1 X YES 2 NO	
FUNERAL	1007 BAYARD STR			21223				U.S.					
à l	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AR YES 2 N WAR OR DATES	MED IO	If	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Y If yes, specify Cuben, Mexican, Puerto Ricen, atc.) 1 YES 2 NO Specify:							
입	15, DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	N et of wedding	16b	. KIND OF BU	ISINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5	+)		work done di se retired.)		at or working		CI OT	HINC	MAN	UFACTURING	
2	17, FATHER'S NAME (First, Middle, Last)		011	LOL	OLLLIGO	_	18. MOTNER'S NA	ME /Elest			TIMIN	OTACIONING	
ŏ	ALEXANDER G. UR	BANOUTCU					JOSEPHI						
BE	19a, INFORMANT'S NAME (Type/Print)	JINOW TON	101	MAILIAM	ADDRESS	(Street a	nd Number or Rural I				in Code)		
임	ANNA J. MEYERS						STREET,					D 21223	
	20a METNOD OF DISPOSITION 1 Description 2 Cremetion 3 Rem	loval from State	20b. PLACE of cemetary,	ANO OAT	E OF OISPO	SITION ace)	(Name	OAT	E 20c. LC	OCATION -	City or T	own, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENGEE	MOREL	AND			ID ADDRESS OF FA	9/	13 HT	LLEN	DALE		
	Down J.	-	er		HO	OWAF	NILKENS A	BARD					
	23. PART I. Enter the diseases, or	complications the	nt caused the de	ath. Do	not enter	the mo	de of dying, suc	h aa can	diac or resp	oiratory a	rrest,	Approximate	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)				A	cu	te Ce	re be	10 vas	cula	1	interval Between Onset and Death	
_		DUE TO	(OR AS A CONSEC	secuence of: ALZHEIMERS DISEA			AIF	ar	end	no			
CERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSEC	DUENCE C	PF):	///	31-3	7. 0	7190				
¥	if any, leading to immediate cause. Enter UNDERLYING		,	0	RONI	2024	AR	TEN	24/1)1SE	NSE	-	
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC			, ,	. , , , ,						
E	resulting in deeth) LAST												
핑		d											
MEDICAL	PART II. Other significent condition	ne contributing to	deeth but not r	esuiting	in the unc	deriyin	g ceuse given in	Part I.	24a. WAS A PERFO	RMED?	24	b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
KE				100								1 YES 2 NO	
=													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	eck only o	ne)				
Sign	1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHER		e 5 🗆 Residence	a 🗆 Oth	er (Specify)				
₹	27. MANNER OF DEATN	28e. DATE O		26b. Til	WE OF	28c. INJ	URY AT		SCRIBE NOW	INJURY O	CCURED		
<u>-</u>	1 Natural 8 Pending	(Month, I	Day, Year)	l IN	JURY		PRK? YES 2 NO						
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Nomicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number of Rural Route Number or Rural Route						Route Number,						
COMPLETED	don't	SICIAN: To the best of										(e) end menner se stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NUI					O (Month, Day, Year)	
BE		Man					D 30		-	•		olay	
임	30. NAME AND ADDRESS OF PERSON WI					CIIT	TE 200 T	A T 177 T A	/ODE	MD	2120	1	
	DR. RAMESH SABAT				21.	SUL.	ΓΕ 308,BA	ALIII	TUKE,	LID.	Z I Z U	1	
	SEP 1 1 1991	Juna Da	AR'S SIGNATURE	Lee									

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Raymond Littleton

5. SEX

7. DATE OF BIRTH (Month, Day, Year DAYS HOURS Sept 15, 215 36 2168 1 X M 2 | F 84 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH Peninsula General Hospital DIRECTOR Salisbury, MD RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Md Wicomico **Pittsville** FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE burial-transit Rt. 1, Box 61 21850 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) ВУ 1 TYES 2 NO Specify 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6 Farmer 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ James D. Bethards Chloe Timmons BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Lillian P. Bethards Box 61, Pittsville, Md. pe 20s. METHOD OF DISPOSITION
1 X Burlet 2 Cremetton 3 Removat from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must Riverside Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home 108 Williams St., Berlin, Md. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch sa cardisc or reapiretory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel the disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) other traumatic event, eal I e CERTIFICATION Sequentially list conditions, the attending physician a Mental Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Carles Varl Dez Sa CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, ' PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? this certificate has been signed by with the State Dept. of Health and shows any 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem **EXAMINER?** OTHER: 1 YES 2 KNO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Reeldence 6 Other (Specify) 6 27. MANNER OF DEATH marked. 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 1 Natural 5 Pending DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) -COMPLETED 6 Could not be determined 28 4 Homicide ltem. 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 7. 256 SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER

CERTIFICATE OF DEATH

8. AGE (In yrs. last birthday)

BETHARDS

IF UNDER 1 YEAR IF UNDER 24 HRS.

2. DATE OF DEATH

91 24557 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 04-25 8. BIRTHPLACE (State or Foreign Md 9c. COUNTY OF DEATH Wicomico 10d. INSIDE CITY 1 YES 2 100 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE - American Indian, Black, White, atc. White 16b. KIND OF BUSINESS/INDUSTRY Crop farmer 21850 DATE 20c. LOCATION — City or Town, State 9/9/91 Libertytown, Md Approximata **Onaet and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?

1 TYES 2--NO

28d. DEŞCRIBE HOW INJURY OCCURED
26f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)

29d. DATE SIGNED (Month, Day, Year) 9 5/0

IQ MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3t. DATE FILED (Month, Day, Year)

2

32. REGISTRAR'S SIGNATURE ia Davids

SOURCE SCAPETY PARTIES 1. DOUGLE SCAPETY PARTIE	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF CERTIFICATE O		ENTAL HYGIEN		24000
4 SOCIAL PARKET OF CHINGS OF SOCIAL PARKET OF STATES OF SOCIAL PARKET OF STATES OF STA	(i :		Brown		MONTH D		EAR
DEFINITION OF PRESENTING THE COUNTY MANUAL PROPERTY OF THE STATE OF TH	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF UNDER 1 YEA	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)
THE STREET NO NUMBER WAS STREET NO NUMBER 10. WAS DECEDENT FOR IN U.S. ADMINISTER OR IN U.S. ADMINISTER 10. WAS DECEDENT FOR IN U.S. ADMINISTER FOR IN U	University of	Maryland Hos		nor Location of DEA	1 1	Balti	more City
THE AMONISON SHEET AND NUMBERS 11. MAGINESTATUS 12. AUTHORS 12. NORTHER STATUS 13. MAGINESTATUS 13. MAGINESTATUS 14. SACCEDENT EDUCATION 15. MAGINESTATUS 16. MAGINEST	10a. STATE 10b. COU	INTY					LIMITS?
10 Motioned Department Department Secondary Tes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10. STREET AND NUMBER	s Street			7	10g. CITIZEN	OF WHAT COUNTRY?
Charactery control on Anyther goals completed of the Delife Search on Anyther goals completed on the Delife Search of the Delife Search	1 Never Married 2 Married	FORCES? 1 YES	2 NO If yes	specify Cubeh, Mexican,		s or No 14.	Specify: 1
19. MATHERS NAME (First, Micios, Last) 19. MATHERS NAME (First, Micios, Micios Circum) Valerie Brown Mother 19. MALINO ADDRESS (Sines and Number of Para Robe Number City or Para, State, 25 Dodg) Valerie Brown Mother 20. METHOR OF DEPOSITION Rame of Para Robe Number City or Para, State, 25 Dodg) Valerie Brown Mother 21. Significant or Para Robe Number City or Para, State, 25 Dodg) 22. MANE AND DATE of DISPOSITION (Name of Combination City or Town, States of Combination City or Para Robe, Number City or Town, States of Combination City or Para Robe, Number City or Town, States of Combination City or Combination City or Town, States of Combination City or Town, States of Combination City or Combined Cit	(Specify only highest g	rade completed)	(Give kind of work done during life. Do NOT use retired.)	most of working	16b. KIND OF BU	JSINESS/INDUS	TRY
19. MALING ADDRESS (Street and Number or Rural Room Number). Steel, 24 Coday) Valerie Brown Mother 20. MALING ADDRESS (Street and Number or Rural Room Number). Steel 20. MALING ADDRESS (Street and Number or Rural Room Number). Steel 20. MALING ADDRESS (Street and Number or Rural Room Number). Steel 20. MALING ADDRESS (Street and Number or Rural Room Number). Steel 20. MALING ADDRESS (Street and Number or Rural Room Number). Steel 20. MALING ADDRESS (Street and Number or Rural Room Number). Steel 20. MALING ADDRESS (Street and Number or Rural Room Number). Steel 20. MALING ADDRESS (Street and Number or Rural Room Number). Steel 20. MALING ADDRESS (Street and Number). Steel 20. MALING ADDRESS (Street and Number). Steel 21. Steel 2 Chemistics 3 Maline Room Number). Steel 22. MALING ADDRESS (Street and Number). Steel 23. MALING ADDRESS (Street and Number). Steel 24. MALING ADDRESS (Street and Number). Steel 25. MALING ADDRESS (Street and Number). Steel 26. MALING ADDRESS (Street and Number). Steel 26. MALING ADDRESS (Street and Number). Steel 27. MALING ADDRESS (Street and Number). Steel 28. MALING ADDRESS (Street and Number). Steel 29. MALING ADDRESS (Street and Number). Steel 26. MALING ADDRESS (Street and Number). Steel 27. MALING ADDRESS (Street and Number). Steel 28. MALING ADDRESS (Street and Number). Steel 29. MALING ADDRESS (Street and	17. FATHER'S NAME (First, Middle, Last)		710		E (First, Middle, Maider		7h
30. BLETOO OF DISPOSITION Surface Commission 3 Beacoust from State 200. FLACE AND DATE OF DISPOSITION Name 200. DOATION - City or Town, State 200.		Mother	1 122 1		51	53.0	
22. PART I. Enter the displaces, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between the shock, or heart failure. List only one cause on each line. Approximate interval Between the shock, or heart failure. List only one cause on each line. Approximate interval Between the shock, or heart failure. List only one cause on each line. Approximate interval Between the shock, or heart failure. List only one cause on each line. Approximate interval Between the shock, or heart failure. List only one cause on each line. Approximate interval Between the shock, or heart failure. List only one cause on each line. Approximate interval Between the shock, or heart failure. List only one cause on each line. Approximate interval Between the shock, or heart failure. List only one cause on each line. Approximate interval Between the shock one can be shock on the shock of the shock of the shock one can be shock. On the shock one can be shock on the shock on the shock one can be shocked on the shock on the shock on the shock on the shock of the shock on the shock of the shock on the cause(s) and manner as stated. Approximate interval Between the shock on the shock of the shock on the shock on the shock on the cause(s) and manner as stated. Approximate interval Between the shock on the shock of the shock on the cause(s) and manner as stated. Approximate shock on the shock of the shoc	1 Burial 2 Cremation 3 1 4 Donation 8 Other (Specify)	lemoval from State of ce	PLACE AND DATE OF DISPOSIT metary, crematory or other place)	ION (Name	DATE 20c. L	OCATION — City	or Town, State
Sequentially list conditions, If any, leading to immediate cause. Entan MDERLYMO CAUSE (Pines were resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Les pit advances of the sequence of	21. SIGNATURE OF FUNE AL SERVICE	LICENSEE ROTald Wa					-
Sequentially list conditions, farry, tasificant conditions, and the sequence of: Arry, tasificant of the sequence of the se	shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition	a. Probable	Intravent		4.	,	Interval Betwe
Renal Failure Shock 1 YES 2 NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Check only one) 1 YES 2 NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 280. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Vear) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Vear) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Vear) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Vear) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Vear) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Vear) 290. DATE SIGNED	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO COR AS A C	Distressions Exercises E	Synds Extreme t	Premat	usite	22 he 22 hes
EXAMINER? Post Pos		who arteri		ying cause given in F	PERFO	PRMEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
27. MANNER OF DEATH Natural 5 Pending investigation 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCURED	EXAMINER?	HOSPITAL:	OTHER:	3. PLACE OF DEATH (Chec	ck only one)		
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 7 City or Town, Street and Number or Rural Route Number, 8 City or Town, Street 8 Chock only 9 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 20c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF 1860	INJURY AT WORK?		INJURY OCCUP	RED
(Check only 1 DENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 20 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 20 License number 29	2 Accident investigate 3 Suicide 8 Could not	be 28e. PLACE OF INJURY	- At home, farm, street, factory,		281. LOCATION (Street City or Town, State	t and Number or e)	Rural Route Number,
Lillian R. Blackmon, M.D. D26066 August 25, 199 Lillian R. Blackmon	(Check only						
Lillian R. Rlackmon	Lillian R. E	3 lackmon	M. D.	24.00-24.00-000			1 - 2 -
	1 -11. 0 +		I'H (ITEM 27) (Type, Print)				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or attending physician.	tours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tran he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burlat, cremation, or removal.	d in by the funeral director, page 5 should be detached for use as the burial-tran or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.		
1. OECEOENT'S NAME (First, Middle, Last)					MONTH	OF OEATH DAY	YEAR	3. TIME OF DEATH
	uren Baur				1 8	28	3 91	373 AM
4. SOCIAL SECURITY NUMBER 1	5. SEX 6. AC	GE (In yrs. last birthday) YRS.	IF UNDER 1 YEA MONTHS DAY			Dey, Year)	0. BIRT	THPLACE (State or Foreign http:// TARYLANT
90. FACILITY NAME (If not institution, give str METCY Medical RESIDENCE OF DECEDENT	center		96. CITY, TOW Ba	Himore	HTA3C		9c. COUNTY OF NA	DEATH
10a. STATE 10b. COUNTY			Y, TOWN OR LO					10d. INSIDE CITY LIMITS?
Wash, D.C.		u	bshin	101, ZIP CODE	DIC.		100 CITIZEN OF	1 YES 2 NO
3811 Clark St	Capitol	Heights		20743	3		-	SA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes,	epecify Cuben, Mexic (ES 2 NO Spec	en, Puerto R		Ble	CE — American Indian, ok, Whita, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during		16b.	KIND OF BUSI	NESS/INDUSTRY	BIACK
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, A	fiddle, Maiden S	'urneme)	
				KARE	N BAR	R		
19a. INFORMANT'S NAME (Type/Print) Karen Barr	Mother			et end Number or Rura				
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremellon 3 Remo		20b. PLACE ANO DAT	E OF DISPOSIT	St, Capit	OL He		Wash, DC	
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE O	F):	<u>e</u>				2hc
PART II. Other algnificant conditions	contributing to deet	h but not reaulting	in the underi	ying ceuse given I	n Part I.	24a. WAS AN A PERFORM		16. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
						1 🗆 YES 2)	⊠ (NO	OF DEATH? 1 YES 2 X NO
25. WAS CASE REFERRED TO MEDICAL			20	. PLACE OF DEATH (C	Check only on	e)		
1 YES 2 YO	HOSPITAL:	Outpatient 3 DOA	OTHER:	tome 5 🗆 Reeldence	6 🗆 Othe	(Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJU (Month, Day, Ye.	RY 26b. Till in:	E OF 28c.	INJURY AT WORK?	7		JURY OCCURED	BILL
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, farm, Specify)	atreet, fectory, o	office		ATION (Street er or Town, State)	nd Number or Rure	of Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE								e(e) end menner se stated
29b. SIGNATURE AND TITLE OF CERTIFIER Shau Pluch 30. NAME AND ADDRESS OF PERSON WHO	enberg	MO DEATH (ITEM 27) (7-	Print	29c. LICENSE N	UMBER		29d. OATE SIGNI	EO (Month, Day, Year)
University of M	anyland	Departme		Pediatri	ics			
31. DATE FILED (Month, Bell, SEP 1	1 198FTRANS	THE PARTY OF THE P	· Serence	Å.				•

211117 1/2 Dimica

death certificate be executed within that L DR ATTENDING P. DIRECTOR; After the hours after death victom 28 is mart HOSPITAL FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

=

-		- 1
Pages		
ermit.		
ansit p		
he burial-transit p		
the bu		
Se as		
n Jo		
letached		nce.
d be		at
should		tiffed
age 5		De no
ctor, p		nust
al dire		ner
funer		вхаш
by the	moval	icai
E E	04 re	med
ly fille	ation,	the
mplete	, crem	event
and co	buria	atic
sician	nior to	traum
of phy	jene p	r other to
tendir	al Hy	0
is certificate has been signed by the attending physicial	1 Ment	narked, or item 23 shows any injury, or other traumatic event, the medica
ed by	th and	any
n sign	ath with the State Dept. of Health and Men	SWO
s bee	ept. c	23 \$1
ate ha	tate D	tem:
ertific	the S	rked, or ite
ter this certi	with	rked,
Je Je	tie.	Ta.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH BIRELY Q'I 13.10 " 9 0 215 10 7. DATE OF BIRTH (Month_Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 3.30.03 HOURS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Center City Baltimore _____ DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Baltimore Anne Arundel Maryland 1 - YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4212 - 4th Street 21225 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 Married Specify: ВУ 3 🔀 Widowed 4 🗌 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INOUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) 8th Grade Housewife Home Maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) John Elmendoef 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Boute Number City or Town, State, Zin Code). William Birely 302 Sudbury Road Linthicum, Maryland 21090 20s. METHOO OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 N Buriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) Parkwood Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. List only one cause on each line. interval Batween Onset and Death IMMEDIATE CAUSE (Finel Infaction Myocardial disease or condition resulting in death) days CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not requiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE ALTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Dulle moria liau COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | 10 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Vinpatient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER: 1 YES 2 AO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 🗌 Homicide 29a, CERTIFIER 1 🗆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE NU nees P9/10 91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A FROZE MUNEER HARBOR HOSPI

MD 21230

SEP

1991

32. REGISTRAR'S SIGNATURE chie Davidson-Randell

3. TIME OF DEATH

REG NO

2. DATE OF DEATH

SEPT.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

BROCKINGTON

1 -

HOSPITAL OR ATTENDING PHYSICIAN. The law inquires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2/F 83 214-40-7316 Md. funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sinai Hospital FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 222 Berlin Ave. 21225 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIl ves. specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married II yes, specify Cuban, Maxican, Puarto Ri 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES ВУ Afr. American 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Julius Combs notified at Annie Combs BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
222 Rerlin Ave. Balto. Md. 21225 2 Joyce Nowlin 222 Berlin Ave. Balto. Md. 9 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 If Burlet 2 Commetton 3 Temoval from State 6 Donation 5 Other (Specify) OATE 20c. LOCATION - City or Town, State Md. National Mem. Pk. 9/12/91 Laurel examiner 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Estep Brothers Funeral Home P.A. by the fi 1300 Eutaw Pl. Balto. Md,, 21217 medicai filled in by ti 23. PART I. Eater the diseases, or complications that caused the death. Do not enter the mode of dying, auch es cardiec or reepiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate 6 intervai Between IMMEDIATE CAUSE (Finel completely fille rial, cremation, **Onset and Death** the disease or condition ulmonary lolly reaulting in death) event, ear signed by the attending physician and con of Health and Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING MELLITUS DIMBETES CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO the State Dopt, of He d, or Item 23 show 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 4 Nursing Nome 5 Realdence 8 Other (Specify) 27. MANNEB OF DEATH 28s. DATE OF INJURY (Month, Day, Year) With 1 28 is marked, 28b, TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO Affair death 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) DIRECTOR- A COMPLETED 8 Could not be 4 Homicide If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL C 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De fied within 72
IMPORTANT: II 144 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BALTEPALLY 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE
The Davidson-Randale 1991 DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Laura b. Brockington

E D 4 ... III

it manufers to the first term of the first term

in the second se

per Conc.

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA	V V-	3. TIME OF DEATH
	BETTIE I CHAMBE	RLAIN		09 06	199	9:50AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTNPLACE (State or Formion
	214-14-5006 1 M 2 XF	70 YRS. MO	NTHE DAYS HOURS MIN.	(Month, Day, Year) 10/10/1	920	Country) MARYLAND
	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF D		9c. COUNTY	
<u>٣</u>	G.B.M.C. 6701 N. CHARLES	STREET	TOWSON			
5	G.B.M.C., 6701 N. CHARLES	O DIRECT	TOWBON		DALI	IMORE
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
٥	MARYLAND BALTIMORE	BAI	TIMORE			1 WES 2 NO
A	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN	OF WNAT COUNTRY?
ᇤ	3223 TEXAS AVENUE		21234		U.	SA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF NISPA	NIC ORIGIN? (Specify Yea		RACE — American Indian.
ВУ Б	1 Never Married 2 Married FORCES? 1 YES 3 Widowed 4 Divorced IF YES, OIVE WAR OR DI	ATES	If yes, specify Cuben, Mexico	n, Puarto Rican, atc.)		Black, White, atc. Specify:
	3 Williams 4 Divorced					White
Ē	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USU	done during most of working	18b. KIND OF BUS	INESS/INDUST	RY
<u> </u>	Elementery/Secondary (0-12) College (1-4 or 5 +)	Inte. Do NOT use rei	ired.)	201	1	
₽	12	Sales		Reta	1 4	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)	
BE	RICHARD TAYLOR		LOTT	IE LEN	TZ	
9	19a. INFORMANT'S NAME (Type/Print)	196. MAJLINO ADI	DRESS (Street and Number or Rural	Routa Number, City or Town	, State, Zip Cod	le)
-	Family Records					
		PLACE AND OATE OF D		DATE 20c. LOC	CATION — City	or Town, State
1	4 Donation 5 Other (Specify)	etery, crematory or other i	olace)	9/9/4 P	ARKVI	lle, Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY		
	+(2) 1100 O		EVANS Chape 8800 HARFO	101 Mem	ories	1- M121234
	23 PART I Enfor the diseases or complications that are for		BBCO HARFO	RD Kd t	Arkvi	16. Mg 21234
	23. PART I. Enter the disesses, or complications that cause of shock, or heart failure. List only one cause on a	i tha dastn. Do not a ach lina.	intar the moda of dying, auc	h as cardiac or raspli	etory arrest,	Approximate Interval Between
- 4	IMMEDIATE CAUSE (Final disease or condition					Onset and Death
	resulting in death) s. CARDIOPU		ARREST		9	:50A 9/6/91
		CONSEQUENCE OF):				
S			AN CANCER			DX 1985
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):				
5	CAUSE (Disease or Injury C.	CONSEQUENCE OF):				
Ē	that initiated events DUE TO (OR AS A resulting in death) LAST	CONSEQUENCE OF):				
9	d					
	PART II. Other significant conditions contributing to desth be	ut not resulting in th	na undariying causa givan in	Part I. 24e, WAS AN	WTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 NES 2	□ NO	OF DEATH?
Σ				— 1	- 1	1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	_	50 PLANE OF OCUPA			
를 I	EXAMINER? HOSPITAL:		28. PLACE OF OEATH (Ch			
2 1		efient 3 ∐ DOA 4 [Nursing Nome 5 - Residence			
7	To the state of th				JURY OCCURE	n .
PHYSICIAN:	27. MANNER OF DEATN 28s. DATE OF INJURY (Month Day, War)	28b. TIME OF INJURY	WORK?	28d. DEŞCRIBE NOW IN		
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY	WORK? 1 YES 2 NO			
B	27. MANNER OF DEATN 1 Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY — At home, farm, stree	WORK? 1 YES 2 NO	281. LOCATION (Street at City or Town, State)		
B	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datarmined 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY building, etc. (Special Country of the	28b. TIME OF INJURY — At home, farm, street	M 1 YES 2 NO	281. LOCATION (Street at City or Town, State)	nd Number or Ru	
BY	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 5 Could not be datarmined 28. PLACE OF INJURY building, etc. (Special Policy of the County	28b. TIME OF INJURY — At home, farm, streetify)	M 1 YES 2 NO , factory, office	28f. LOCATION (Street as City or Town, State)	nd Number or Re	ural Route Number,
B	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datarmined 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY building, etc. (Special Country of the	28b. TIME OF INJURY — At home, farm, streetify)	M 1 YES 2 NO , factory, office	28f. LOCATION (Street as City or Town, State)	nd Number or Re	ural Route Number,
COMPLETED BY	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 5 Could not be datarmined 28. PLACE OF INJURY building, etc. (Special Policy of the County	28b. TIME OF INJURY — At home, farm, streetify)	M 1 YES 2 NO , factory, office	28f. LOCATION (Street as City or Town, State) to the ceuse(a) and mani time, data and place, and	nd Number or Re	ural Route Number,
BE COMPLETED BY	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 5 Could not be datarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination	28b. TIME OF INJURY — At home, farm, streetify)	M 1 YES 2 NO tactory, office the time, data and place, and dua my opinion, death occured at the	28f. LOCATION (Street as City or Town, State) to the ceuse(a) and mani time, data and place, and	nd Number or Re	ural Route Number,
COMPLETED BY	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 5 Could not be datarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination	At home, farm, streetly) — At home, farm, streetly) edge, death occurred at and/or investigation, in	M 1 YES 2 NO , factory, office the time, data and place, and due my opinion, death occurred at the	28f. LOCATION (Street as City or Town, State) to the ceuse(a) and mani time, data and place, and	nd Number or Re	ural Route Number,
BE COMPLETED BY	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29s. CERTIFIER (Check only one) 29s. SIGNATURE AND TITLE OF CERTIFIER 22s. DATE OF INJURY (Month, Day, Year) 22s. PLACE OF INJURY building, etc. (Special one) 25s. PLACE OF INJURY building, etc. (Special one) 25s. SIGNATURE AND TITLE OF CERTIFIER	At home, farm, streetly) — At home, farm, streetly) edge, death occurred at and/or investigation, in	M 1 YES 2 NO , factory, office the time, data and place, and due my opinion, death occurred at the	28f. LOCATION (Street as City or Town, State) to the ceuse(a) and mani time, data and place, and	nd Number or Re	ural Route Number,
BE COMPLETED BY	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be datarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beats of axamination 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH OF THE CAUSE OF THE CAUSE OF DEATH OF THE CAUSE	- At home, farm, streethy) - At home, farm, streethy) edge, death occurred at and/or Investigation, in	M 1 YES 2 NO , factory, office the time, data and place, and due my opinion, death occurred at the	28f. LOCATION (Street as City or Town, State) to the ceuse(a) and mani time, data and place, and	nd Number or Re	ural Route Number,
BE COMPLETED BY	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Special Medical Examiner) 29a. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: On the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the best of my knowledge of the property of the pro	- At home, farm, streethy) - At home, farm, streethy) edge, death occurred at and/or Investigation, in	M 1 YES 2 NO , factory, office the time, data and place, and due my opinion, death occurred at the	28f. LOCATION (Street as City or Town, State) to the ceuse(a) and mani time, data and place, and	nd Number or Re	ural Route Number,



	,
P	
760	
Φ	
87	
8	
Ψ	
×	
BOX	
\approx	
ш	
-	i
\circ	
σ.	
10	
~	
Œ	
0	1
0	
\sim	٠
ш	
RECORDS,	
₫	
	i
_	
>	1
f i	1
$\overline{}$	1
Ų	1
7	Ì
=	3
O	i
70	i
<u>~</u>	İ
>	-
=	(
DIVISION OF VITAL F	
	i
	į
	1
	i
	-

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF	HEALTH AND	MENTAI	L HYGIENE REG. NO.	1 2	4563
1. DECEDENT'S NAME (First, Middle, Last)	1179				2. DATE	OF DEATH	YEAR 3. T	IME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday) III			Si	PT 6 19°	11	M
402 38 4409	TEM 2 F		ONTHS DAYS	HOURS MIN.	(Month	OF BIRTH 1, Day, Year)	0. BIRTHPLAC Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution, give	street and number)	5	b. CITY, TOWN	OR LOCATION OF E		G. 28 1928	INTY OF DEATH	3223
8421 MORKED ROAD PARKVILLE BALTI								ORS
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. STATE 10b. COUNT 10c. STATE	Y	10c. CITY, 1	TOWN OR LOCA	TION				. INSIDE CITY
	TIMORS	P	ARKVI	NS.				LIMITS? YES 2 NO
100. STREET AND NUMBER STATEMENT OF STREET AND NUMBER 11. MARRITAL STATUS 1. Name Married 2. 50 Married	R		10	of, ZIP CODE		10g. CI1	IZEN OF WHAT	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN) IIS. ARMED	I 12 WAS DEC	2123	7+		A.Z.(
		2 NO	It yes, sp	CENDENT OF HISPA pecify Cuben, Mexic \$ 2 K NO Speci	en, Puerto F	? (Specify Yes or No— Ricen, etc.)	Black, Whi	mericen Indian, Ita, atc.
3 Widowed 4 Divorced 15 DECEDENT'S EDU							WHI	TE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use re	done during m	ON ost of working	16b.	KIND OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	SECUR		OFFICE	RE	naz nons	2001	Ton Hoch
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, A	Aiddle, Maiden Surname)	11111	Het incom
# LOUIS 1	oblins			BER	THE	Collic	15	
2 Type (Nype/Print)	200	19b. MAILING AD	DRESS (Street	and Number or Rural	Route Numb	er, City or Town, State, Zi	code)	
20a. METHOD OF DISPOSITION	R(05	. PLACE AND DATE OF D	MS F	IS ABO	IVS	To continu		
1 Buriet 2 Cremation 3 Ram 4 Donatton 5 Other (Specify)		etery, crematory or other	placa)	ame of	DATE		City or Town, 5	itete ·
21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	TI WILLY CO.	22. NAME A	ND ADDRESS OF F	CILITY	= Marmo	0356	10.
1 Karlos To	S Nama /		220	ns Chai	0 129	R. 121 10	KILS	11.
23. PART I. Enter the diseases, pr	complications that caused	the death. Do not	enter the mo	ode of dying, suc	ch ss card	isc or respiratory ar	reat,	Approximate
IMMEDIATE CAUSE (Final	Clar Only one cause on es	sch line.					5	Interval Between Onset and Death
disease or condition resulting in death)	.CARCINO		9F	LUNI	G		- [6 YEAR
_	DUE TO (OR AS A	CONSEQUENCE OF):	·					
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disesse or injury	с							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
S S	d						-	
PART II. Other aignificant condition	s contributing to death bu	at not resulting in the	he underlying	g cause given in	Part I.	24s. WAS AN AUTOPSY PERFORMED?		E AUTOPSY FINDINGS ABLE PRIOR TO
						1 TYES 2 NO	COM	PLETION DF CAUSE
							10	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. PL	LACE OF DEATH (C)	ack only one	1		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No 27. MANNER OF DEATH	HOSPITAL: 1 Inpstient 2 ER/Outpa		THER:	ne 5 % Residence				
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ			CRIBE HOW INJURY OC	CURED	
1 Nsturel 5 Pending 2 Accident Investigation			M 1 1	YES 2 NO				
3 Suicide 6 Could not be	28a. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stree	et, tectory, office	•	28f. LOCA City o	TION (Street and Number r Town, State)	or Rural Route N	lumber,
29a. CERTIFIER 1 ST CERTIFYING PHYSI								
29a. CERTIFIER 1 5% CERTIFYING PHYSI one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the besis of examination	idga, dasth occurred at and/or investigation, in	t the time, data	and place, and due	to the caus	e(s) and manner as stat	ed,	
III TODA STORMATTIME AND TORRESPONDED	HU		They specially a					
	UD	M-BIF	35	29c. UCENSE NUI	810	29d. DAI	E SIGNED (Mont)	h, Day, Year)
30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prin	11)	1	010	0 .	SPIE	1991
31. DATE FILED/Mogth, Opy, Spar	REDBY	5670-15;	THE	HLAMED	A)	BALLINOK	E, M)	21239.
SEP 1 1 1991	Filia Davidson-1	pandell.			•			



REG NO

FOR STATE REGISTRAR

13146,	A
P.O. BOX	Allenda has accompany
P.0.	
RECORDS,	
OF VITAL	
DIVISION	The second secon

DECEDENT'S NAME (First, Middle, Last) COBLEUZ 2. DATE OF DEATN Mat birthday) 7. DATE OF BIRTN (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTNPLACE (State or Fore Country) MONTHS DAYS HOURS MIN 217-07-9693 6-15-1896 GERMANY Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOWARD COUNTY GENERAL RESIDENCE OF DECEDENT HOSPITAL COLUMBIA HOWARD 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD ELLICOTT CITY XX YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL 3004 N. RIDGE ROAD, APT. 215 21043 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify BY WHITE use as COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) page 5 should be detached for 12 BUYER RETAIL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnam 동 JOSEF COBLENZER TONE LIPPER BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) ELLICOTT CITY, MD 2 MRS. IRMA COBLENZ 3004 N. RIDGE RD., APT. 215 20b. PLACE OF DISPOSITION (Name of cemetery, cremator) 9-8-91 2 20s. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State 15 Burial 2 ☐ Cremation 3 ☐ Removal from State must. director, Donation 5 Other (Specify) MOSES MONTEFIORE-WOODMOOR HEBREW BALTIMORE, MD 21, SIGNATURE OF BUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. examiner funeral Mu 6010 REISTERSTOWN RD., BALTO., MD 21215 n by the furnemoval. medicai 23. PART / Enter the diseases, or compleations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** filled in by or heart failure. Lifst pnly one cause on each line. Interval Between 6 **Onset and Death** IMMEDIATE CAUSE (Final the cremation, DIMICED disease or condition and completely resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): V burial. other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to physician : if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST 6 Mentai Injury, 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE the PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL signed by the that shows any OF DEATN? 1 TYES 2 NO been it, of PHYSICIAN: Dept. æ 23 certificate has 25. WAS CASE REFERRED TO MEDICAL EXAMINERS 26. PLACE OF DEATN (Check only one) Hem State PITAL OTHER:
4 | Nursing Name 5 | Residence 8 | Other (Specify) 1 TYES 2 npetient 2 - ER/Outpetient 3 - DOA PHYSICIAN: the 0 28a. DATE OF INJURY (Month, Day, Year) 7. MANNER OF DEATH 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with L marked, 1 Natural 5 Pending 1 YES 2 NO death y BY DIRECTOR: After bours after death 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 60 6 Could not be COMPLETED 28 4 Nomicide determined Hem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. TO THE HOSPITAL IN THE FUNERAL C DE filed within 72 h MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ca AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE Day 띪 6 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 ARR-MD DATE FILED (Month, Day 1991 Fulia Davidson-Rando 00 21042 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I				HEALTH AND I	MENT	AL HYGIENE				
	1. DECEDENT'S NAME (First,	Middle, Last)							TE OF DEATH	, ,	YEAR	3. TIME OF DEA	-
				B. Cor				17					
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. la		MONTHS DAY			TE OF BIRTH onth, Day, Year)		a. BIRTH Countr	PLACE (State or F y)	oreign
	220-14-942		1 XXM 2 □ F	65	YRS.				12/10/2	25		Balto	Md
	9a. FACILITY NAME (If not in:					9b. CITY, TOV	VN OR LOCATION OF DE	EATH		9c. COUN	TY OF D	EATH	
e l	Union Me		. Hospita	al		Ba	ltimore C	ity		Bal	timo	re City	7
5	RESIDENCE OF DEC	10b. COUNTY	,		10c CI1	Y, TOWN OR LO	CATION					10d. INSIDE CIT	
E	MD		imore Ci	tv	104.01		Baltimore				i	LIMITS?	
اد	10e. STREET AND NUMBER						101, ZIP CODE			10g, CITIZ	EN OF V	WHAT COUNTRY?	110
FUNERAL DIRECTOR	1319 Mo	rling	Avenue				21211			,	II C	Α.	
Ž	11. MARITAL STATUS			IT EVER IN U.S. A	RMED	13, WAS	DECENDENT OF HISPAI	NIC ORK	GIN? (Specify Yea		U.S.	- American Ind	len.
Ī	1 Never Married 2	Married	12. WAS DECEDED FORCES?	MAR OR DATES	NO	H yes	yes 2 2 NO Specific	n, Puer	to Rican, atc.)		Black	k, White, atc.	·
ВУ	3 Widowed 4 Divo	rced	IF TES, GIVE	MAN ON DATES		10	TES 212 INU Specif	у.			Speci	White	!
COMPLETED		EDENT'S EDUC		16a. D	ECEDENT'S	USUAL OCCUP	PATION	1	16b. KIND OF BUS	INESS/IND	JSTRY		
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+) #			most of working						
MP	5th				Вал	Lto Cou	nty Govt				n Cr	ew Chie	f
8	17. FATHER'S NAME (First, Mi		7. 1 -						st, Middle, Maiden				
BE			Joseph E						iola Sha				
2	Doris Corne			11			eet and Number or Rural						
-					1	Post Of	fice Box 6	594	Berkley	Spr	ings	, WV 25	411
	20 METHOD OF DISPOSITI		oval from Stata	20b. PLACE other p	wace)								
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENGEE		(.	_	of Faith	CILITY	1	uller	cton		
		()	(11	1				Burgee	-Hens	ss F	uneral	Home
	ryn	n D	ugee	Henss	/	363	1 Falls Ro	1.	Baltimo	re, N	1D	21211	
	23. PART I. Enter the di		complications the			not enter the	mode of dying, aud	ch ee c	ardiec or reapl	ratory arm	et,	Approxim	
	IMMEDIATE CAUSE (Fir		0			91	1 1	-	2 /			Onset an	
	disease or condition resulting in death)	\rightarrow	a. Ca	ncer -	un	know	ntype		astre	los	is	13m	noa.
			DUE TO	OR AS A CONSE	OUENCE (OF):	0.					1	
N O	Sequentially liet conditi	lons,	b	OR AS A CONS	OUENCE O	NE):	464						
CERTIFICATION	if any, leading to imme- cause. Enter UNDERLY		DOL IV	(On AS A CONSI	OULNCE (··).						İ	
윤	CAUSE (Disease or inju		c. DUE TO	OR AS A CONS	OUENCE	PF):							
듄	resulting in death) LAS	т											
			0										
CAL	PART II. Other algorifica		a contributing to	death but not	reauiting	In the under	lying cause given in	Part I	. 24a, WAS AN PERFOR		24t	AVAILABLE PRID	
음	angi	na							1 [] /ES 2	NO		COMPLETION OF OF DEATH?	CAUSE
MEDI												1 🗌 YES 2 🔟	MO
ä													
\ S S	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:			_	6. PLACE OF DEATH (C/	heck only	y one)				
Š	1 /ES 2 ENO			☐ ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆 Residence	6 🗆 0	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 Waturni 5		26a. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF 280 JURY	UNJURY AT WORK?	28d.	DESCRIBE HOW I	NJURY OCC	URED		
BY		Pending Investigation					YES 2 NO						
ED		Could not be determined	28e. PLACE building	OF INJURY — A1 I I, etc. (Specify)	ome, farm,	street, factory,	offica	281. [LOCATION (Street a City or Town, State)	ind Number	or Rural	Route Number,	
COMPLET	CONTROL ONLY						data and plece, and du						
	29b. SIGNATURE AND TITLE					^	on, death occured at the		date and place, an			s) and manner ee O (Month, Day, Yea	
H	ΛΛ		CNI	naryro	or The	richel	leger	-viteria FT		No. onle	0 /	/ Land Control of the	'

ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE



2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH

1001

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

PIQUE

415 CM

TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 29 hours after death with the State Deut of Health and Mental Hollene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
by #	9	at o
Dec.	를	9
etai	Sho	O.
2	96	
nay	, pa	4
9	ecto	E
Pag	- Qu	je.
eath.	hunera	Kami
ры	at le	-
s aft	AG	dica
JOE .	D S	Ē
27	tion.	the
ithin	lete	mt,
w pa	al. C.	eve
Dec.	bud	afic
8 9	ian a	E SE
ate	hysic	1
rtife	ne p	t
th Ce	HV	6
dea	e att	5
the state of	\$ 2 E	Ē
that	ed b	amy
ires	Sign	*
reg	uee u	sho
A.	as b	23
The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face surface of the state of the sind within 29 hours after death with the State Deat of Health and Mental Hyplens prior to burial, cremation, or removal.	E
CIAN	to S	0
13SH	Is ce	P,
5	er th	nark
NO	Aft	99
E	STOP	28
OR A	JIRE DIRE	E
M	N N	=
SPI	NER.	Ë
¥	5.3	E
通	王	2
摊	22	

	FOR STATE REGISTRAR			MENT OF HEALTH AN CATE OF DEATH	REG. NO.	91 24566
,	1. DECEDENT'S NAME (First, Middle, Lest) Isabelle	Dry			2. DATE OF DEATH DAY Sept. 1,199	3. TIME OF DEATN 7:55 P.
	4. SOCIAL SECURITY NUMBER 577-34-7082	5. SEX 6. A	GE (In yrs. lest birthday) 8 0 YRS.	F UNDER 1 YEAR F UNDER 24 HI MONTHS DAYS HOURS MI		B. BIRTNPLACE (State or Foreign Country) S . C .
4	9e. FACILITY NAME (If not institution, give 7601 Muncy Ro			Palmer Park	OF DEATH 9c. COL	INTY OF DEATH
DIMECTOR	RESIDENCE OF DECEDENT 10a. BTATE Md Md			TOWN OR LOCATION		10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			10r. ZIP CODE 2 0 7 8 5		1 YES 2 □ NO
. 11	7601 Muncy Ro 11. MARITAL STATUS 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF HI	SPANIC ORIGIN? (Specify Yee or No— exicen, Puerto Rican, etc.)	J.S.A. 14. BACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of we	JSUAL OCCUPATION ork done during most of working or retired.) DStic	Cleaning	
BE COM	17. FATHER'S NAME (First, Middle, Last) William Good	lman		16. MOTHER	s NAME (First, Middle, Maiden Surname)	
0	190. INFORMANT'S NAME (Type/Print) Paul Brown				Palmer Park, Mo	
	20a. METHOD OF DISPOSITION 1 Secretaria 2 Cremation 3 Res 4 Donation 5 Other (Specify)	moval from State	20b. PLACE OF DISPOSI	TION (Name of cemetery, cremator)		- City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	W. Pro		H.S.Washi		Inc.
	IMMEDIATE CAUSE (Final disease or condition	. List only one cause o	on each line.	ot anter the mode of dying,	such as cardiac or respiretory a	Approximate interval Batwee
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF):	tate CA	-7
MEDICAL	PART II. Other significant condition	one contributing to dea	th but not resulting in	n the underlying cause give	10 10 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 → NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	Outpatient 3 DOA	26. PLACE OF DEATH OTHER: 4 □ Nursing Home 5 Preside	ence 6 🗆 Other (Specify)	
٤١	1 X Natural 5 Pending 2 Accident Investigation	28e. PLACE OF IN.	JURY — At home, farm, st	M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OF DESCRIBE HOW INJURY OF DESCRIPTION (Street and Numb City or Town, State)	CCURED
E E	3 Suicide 8 Could not be determined	building, etc.				er or Rural Route Number,
	4 Nomicide determined 29s. CERTIFIER (Check only 1 🔀 CERTIFYING PHY	SICIAN: To the best of my I	tnowledge, death occurre		d due to the cause(e) end manner as at at the time, date and place, and dua to	ated,

Molavi, M.D.

32. REGISTRAR'S SIGNATURE has Davidson-Randell

Hassan

Α.

31. DATE FILED (MONTH, Day, Year)
SEP 1 1 1991

DEATH (ITEM 27) (Npa. Print)
6005 Landover Rd., Cheverly, Md. 20785

20	_	
L. OH ALLENDING PHYSICIAN: The law requires that the death certificate de executed within 24 hours after death, Pa	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or	
апег	by the	mara
POULS	ed in	Or re
74	1111	linn
WIEDIN	npletely	crama?
cuted	00 p	Icinia
exe exe	l an	In h
90 9	Siclar	Ninc
Incal	phy	Aria r
ceu	nding	HVG
Ceat	atte	prital
me	the /	A M
IPU	D	1 30
Saul	signe	Health
50	реел	Ju
e law	has	Dan
-	icate	State
SE	certif	the
E	this	with
SING	After	death
EN	TOR:	affer
5)IREC	SJING
-	7	ř

SEP 11

Day, Year)

MINNIE DUNIFER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. least birthday) 90. FACILITY NAME (II not institution, give street and number) 90. FACILITY NAME (II not institution, give street and number) 91991 92. FACILITY NAME (II not institution, give street and number) 93. FACILITY NAME (II not institution, give street and number) 94. CITY, TOWN OR LOCATION OF DEATH 106. STATE 106. COUNTY 107. STREET AND NUMBER 107. CITY, TOWN OR LOCATION 108. STREET AND NUMBER 109. CITY, TOWN OR LOCATION 109. STREET AND NUMBER 100. STREET AND NUMBER 101. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE	RE CITY 10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO
DUNTER 1. SECAL SECURITY NUMBER 2. SEX 1. M. 2 XF 5. SEX 1. M. 2 XF 5. SEX 1. M. 2 XF 1. M. 2 XF 5. SEX 1. M. 2 XF	PLACE (State or Foreign C EATH RE CITY 10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO HAT COUNTRY? American Indian,
4. SOCIAL SECURITY NAME (IT DAYS S. SEX S. S	PLACE (State or Foreign C EATH RE CITY 10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO HAT COUNTRY? American Indian,
THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE THE JOHNS HOPKINS HOSPITAL BALTIMORE TORESTORNO OF DECEDENT 10b. COUNTY 10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10c. CITY, TOWN OR LOCATION BALTIMORE 10c. CITY, TOWN OR LOCATION 10c. STREET AND NUMBER 10d. STATE 10d. COUNTY 11d. MARITAL STATUS 11d. MARITAL STATU	RE CITY 10d. INSIDE CITY LIMITS? YES 2 \(\text{NO}\) HAT COUNTRY? American Indian,
104. STREET AND NUMBER 106. STREET AND NUMBER 107. STREET AND NUMBER 108. STREET AND NUMBER 109. CITIZEN OF WITH AND AND CONTROL ORIGIN? (Specify Yea or No— Its. RACE Black, Specify Cuban Children, stc.) 11. MARITAL STATUS 11. MARITAL STATU	LIMITS? YES 2 NO HAT COUNTRY? — American Indian,
106. STREET AND NUMBER ### 106 C A R WAY HOMES 11. MARITAL STATUS 12. WAS DEEDENT EVER IN U.S. ASMED PORCES? 1 YES 2 No If yes, specify Cuban, Mexican, Puarto Rican, stc.) 13. Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Give Mind of work done during most of working life. Do NOT use retired.) 16. MOTHER'S NAME (First, Middle, Mariden Sumame) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Mariden Sumame) 190. MAILING ADDRESS (Street and Number or Rural Flute Number City or Town, State, 20 Code) 190. PLACE AND DATE OF DISPOSITION (Name of the processing of the processing place) 201. PLACE AND DATE OF DISPOSITION (Name of the processing place) 202. METHOD OF DISPOSITION (Name of the processing place) 203. METHOD OF DISPOSITION (Name of the processing place) 204. DATE OF FUNERAL SERVICE LICENSEE 225. NAME AND ADDRESS OF FACILITY 226. LOCATION — City or Town shock, or heart failure. List only one cause on asch line. 106. STATUS (Processing Place) 107. FATHER'S NAME (First, Middle, Mariden Sumame) 108. NAME (Pirst, Middle, Mariden Sumame) 109. MAILING ADDRESS (Street and Number or Rural Flute Number City or Town, State, 20 Code) 109. PLACE AND DATE OF DISPOSITION (Name of the processing place) 201. PLACE AND DATE OF DISPOSITION (Name of the processing place) 202. NAME AND ADDRESS OF FACILITY 203. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on asch line. 109. PLACE AND DATE OF DISPOSITION (Name of the processing place) 209. PLACE AND DATE OF DISPOSITION (Name of the processing place) 209. PLACE AND DATE OF DISPOSITION (Name of the processing place) 209. PLACE AND DATE OF DISPOSITION (Name of the processing place) 209. PLACE AND DATE OF DISPOSITION (Name of the processing place) 209. PLACE AND DATE OF DISPOSITION (Name of the processing plac	HAT COUNTRY? — American Indian,
Specify Spec	American Indian, White, etc.
Specify Spec	71213.
Elementary/Seconds (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19b. MAILING ADDRESS (Street and Number or Rural Figure Number City or Town, State, Zill Code) 20a. METHOD OF DISPOSITION Purisil 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of permetry), cremetory of pitting places 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter tha diseases, or complications that caused tha dasth. Do not enter tha mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only ona cause on aach line. IMMEDIATE CAUSE (Final disease) A DULE TO (OR AS A CONSEQUENCE OF):	7213.
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Flute Number City or Town, State, Zi Code) 19c. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Flute Number City or Town, State, Zi Code) 4 4 6 6 6 A 7 8 4 4 4 6 6 A 7 8 4 4 4 6 A 7 8 4 4 6 A 7 8 4 4 6 A 7 8 4 4 6 A 7 8 4 4 6 A 7 8 4 4 4 6 A 7 8 4 4 4 6 A 7 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	112.13
19b. MAILING ADDRESS (Street and Number or Rural Figure Number City or Town, State, Zi Code) 4 4 6 4 7 8 4 7 8 4 8 8 8 8 8 8 8 8 8 8 8 8 8	1213
23. PART I. Enter the diseases, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, immediate or condition resulting in death) 25. Constant of the conditions, and the conditions are conditions.	o med
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. As produce of presenting in death) a. As produce of the consequence of the conseque	m, State
immediate cause (final disease or condition resulting in death) a. Aspiration premium to Due to (or as a consequence of):	
	Approximata interval Between Onest and Death
If any leading to immediate	one day
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	2 months
DART II Other significant and Alberta data.	
Uvality hellitus	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Peridant 2 ER/Outpatient 3 DOA 4 Number to Peridage 6 Characterists.	
1 YES 2 NO THER: 1 YES 2 NO THER: 4 Nursing Home 5 Residence 8 Other (Specify)	
27. MANNER OF DEATH 1	
3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	rute Number,
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (1)	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

WO WO (Fe

32. REGISTRAR'S SIGNATURE

Julia Juridson-Randelle

Belamas

MID

9000

9.

should be detached		
8		
should		4 . 100
u)		۱
page		
ficate has been signed by the attending physician and completely filled in by the funeral director, page		Name Of the control o
funeral		-
き	oval.	
2	E	-
5	7 7	1
filled	00,	1
ek	Jati	3
š	ē	1
Ē	0,	1
8	ELL!	4
and and	ā	1
S	5	
Sicis	prior	-
듄	Je .	3
2	gie	44
8	Î	-
atte	Ital	
9	Me	-
y t	B	.!
9	22	i
signe	Health	-
een	10	40
las b	Dept	60
ficate !	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TAL

24568 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / DE	PARTME FIFICAT	NT OF H	IEALTH AND		HYGIENE 9	21	4568	
0.000	1. DECEDENT'S NAME (First, Middle, Lest) AMOS	1		DENI	NIS		2. DATE OF	DEATH 08	9EAR	3. TIME OF DEATH O7:00 PM M	
1	4. SOCIAL SECURITY NUMBER 213-01-7031	1 XM 2 F	6. AGE (In yrs. lest birth	day) IF UNI	DER 1 YEAR IS DAYS					PLACE (State or Foreign Virginia	
TOR	90. FACILITY NAME (If not institution, give st NORTH ARUNDEL HO RESIDENCE OF DECEDENT		SSOCIATION			BURNIE	EATH	9c. CO	OUNTY OF DE		
DIRECTOR	10a. STATE 10b. COUNTY		100		TOWN OR LOCATION 10d. INSIDE CITY LIMITS?					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	845 S. Bond Street				101, ZIP CODE 109, C					HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—II yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 M NO Specify:				14. RACE Black World	14. RACE — American Indian, Black, While, stc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementacy/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do N	nt's usual d of work doi OT use retired Metal	ne during mo d.)	ON st of working	16b. Ki	ND OF BUSINESS/II	NDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Harry Dennis					16. MOTHER'S NA OCTAV	ia Embr	dle, Maiden Surname, CY)		
5	Sadie E. Dennis		19b. MAJ 845	S. BOI	ess (Street a nd Stre	nd Number or Rurel et Balti	nore, M	City or Town, State, 2 aryland 212	Zip Code) 231		
	· Jemol Blad	Lew)		2		nd J. Ruck		305 Harford	d Road	21214	
	23. PÁRT I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	s	csused the death. e on each line. DR AS A COMBEQUENCY	17	er the mo	de of dying, auc	h ss cardiad	or respiratory a	errest,	Approximate Interval Between Onest and Dasth	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAL CE	PART II. Other significant conditions	contributing to d	eath but not result	ing in the	underlying	cauae given in	Part I. 24	e. WAS AN AUTOPS		WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC	PERFORMED? 1 YES 2 NO DF							AVAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH?			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specific)										
ву рну	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending 28c. DATE OF INJURY (Month, Day, Year) 28c. TIME OF INJURY AT WORK? 1 Types 2 NO										
1 28e PLACE OF IN HIEV As have done to								er or Rural Ro	ute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of m	y knowledgs, death oc mination end/or investi	curred at the	e time, date y opinion, de	and place, and due eath occured at the	to the cause(s) end manner es st I placs, and dus to	ated. Iha cause(a)	and menner as stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	MAN	20, 9	M.	2	29c, LICENSE NUN	706	•	TE SIGNED	Alg Your	
	30. NAME AND ADDRESS OF PERSON WHO ELMO M. GAYOSO	11		Type Print) ILA FA	ARM RO	DAD/ARNO	LD, MD	. 21226			
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	S SIGNATURE	TT ALL							
	444	7 (and and a	TOUR	4					DHMH-16 Rev 1/89	

n.

6 may be retained by the hospital or manning approprie	ector, page 5 should be detached for uses the burn-lineat permit. Pages 1, 2, 3 shoul	must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or minimal entries and the control of the hospital or minimal entries and the control of the hospital or minimal entries and the control of the hospital or minimal entries and the control of the hospital or minimal entries and the control of the hospital or minimal entries and the control of the hospital or minimal entries and the control of the control of the hospital or minimal entries and the control of th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the burner of being the permit. Pages 1, 2, 3 should be detached for use the burner of the bu	-

FOR STATE OF	MARYLAND / DEDAR	IMENT OF HEALTH AND		91 24569					
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CATE OF DEATH	REG. NO.	3. TIME OF GEATH					
ETHEL ROBERTA	DRISCOLL		Sept. 06,	1991					
4. SOCIAL SECURITY NUMBER 5. SEX 226-16-6449 1 □ M 2 □ F	6. AGE (In yrs. last birthday) 75 YRS.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-21-1916						
9s. FACILITY NAME (if not institution, give street and number) 7823 St. Brigid Lane RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF Dundalk	OEATH	ec. county of death Baltimore					
10a. STATE 10b. COUNTY Maryland Baltimor		town on Location Dundalk		10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
7823 St. Brigid Lane		21222	2	United States					
	ENT EVER IN U.S. ARMED 1 YES 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi	ANIC ORIGIN? (Specify Yes						
3 Wildowed 4 Divorced	E WAR OR DATES	1 TES 2 NO Spe	olfy:	specity: White					
15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5th grade College (1-4 or	(Give kind of w	USUAL OCCUPATION ork done during most of working o retired.) (C)	Home	INESS/INOUSTRY					
17. FATHER'S NAME (First, Middle, Leat) Marvin Sharp			NAME (First, Middle, Maiden S	Surname)					
190. INFORMANT'S NAME (Type/Print) John D. Driscoll		ADDRESS (Street end Number or Rur St. Brigid Lav	al Route Number, City or Town						
20s. METHOD OF DISPOSITION 15 Method of Disposition 3 Removal from State 4 Donation 6 Other (Specify)	Cation - City or Town, State Limore, Maryland								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	money me	22. NAME AND ACCORESS OF Duda-Ruck Fu 7922 Wise Av	neral Home	of Dundalk, Inc.					
ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. CARD(CPULICAMET DERST OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, oue TO (OR AS A CONSEQUENCE OF): Interval Between Onset and Death 5-101 5-101 CARCINGGA CF THE KIDNEY OUE TO (OR AS A CONSEQUENCE OF):									
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST C. OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	Check only one)						
EXAMINER? 1 YES 2 DATO 1 inputient:	2 ER/Outpatient 3 DOA	OTHER:							
27. MANNER OF DEATH 28e. DATE	OF INJURY 26b, TIM	E OF 28c, INJURY AT	28d. DEŞCRIBE HOW II	NJURY OCCUREO					
1 Natural 5 Pending	n, Day, Year) INJ	M 1 YES 2 NO							
2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basis of				nner as stated, and dus to the cause(s) and manner as stated,					
29b. SIGNATURE AND TITLE OF CERTIFIER	M	DO 4	CUMBER 445	29d. DATE SIGNEO (Mg/Hh, Day, Year)					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE OF OEATH (ITEM 27) (Type		21	224					
31. DATE FILED (Month, Dey, Year) 32. REGIST SFP 1 1 1001	TRAR'S SIGNATURE GUILLE DEVISED - PO								

T. MOVSAS /

1. pegistangs signature funa Dandson-handell

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND A		RTMENT					HYGIEN		24	1370
	1. DECEDENT'S NAME (First,						2. DATE OF OEATH MONTH OP OS 91			YEAR	TIME OF DEATH			
	4. SOCIAL SECURITY NUMB 213-10-708	ER	8. SEX	6. AGE (In yrs. le 95	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	1896		8. BIRTHPL Country) MA	ACE (State or Foreign RYLAND
	9a. FACILITY NAME (If not in		treet and number)		1 100	9b. CITY,	TOWN C	R LOCATI	ON OF DE			9c. COUN	TY OF OEA	
e B	SINAI HOSPITAL						BA	LTIM	ORE					
ᇤ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c, C					TY, TOWN OR LOCATION						10d. INSIDE CITY		
DIRECTOR	MARYLAND BALTIMORE					BALTIMORE					LIMI			LIMITS?
	10e. STREET AND NUMBER						101	ZIP COD	_			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	6946 MILBR	OOK PA	RK DR.,A	PT. 2-A		21215						USA		
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. AI	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuben, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: 1 Specify:					or No—	r No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
8		EOENT'S EDU		(0	Give kind of	USUAL OC work done d			ng	16b. K	IND OF BUS	SINESS/IND	JSTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	FORI						MEN	'S CLO	אדונית	IC.
MO	6 17. FATHER'S NAME (First, M	liddle, Last)			FOR	STIMIN	_	16. MOT	HER'S NA	ME (First, Mic			TITI	G
BE C	RAPHAEL F	RIEDLA	NDER							RACHE			JRWIT	Z
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. PAULINE FRIEDLANDER 6946 MILBROOK PARK DR., APT. 2—A BALTO., MD 21215													
	20s. METHOD OF DISPOSITION 1 Deursel 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camplary, crematory or other place). ISRAEL 9/6/91 BALTIMORE, MD													
	21. SIGNATURE OF FUNERA	L SERVICE LA	SENSEE	10			NAME A	ID ADDRE	SS OF FA			C. TNI	7	
	* Agolu	ly L	flue	luan	>	6				STOWN				21215
	Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition													
TION	disease or condition and disease or condition													
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST d.													
PHYSICIAN: MEDICAL (partial small bowel obstruction 1 yes 2000							NERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OE EXAMINER? 1 YES 2 NO THER: 1 OTHER: 1 Norsing Home 8 Res								LACE OF	DEATH (Ch	eck only one))			
								asidenca	6 Other	(Specify)				
ву Рн	27. MANNER OF DEATH 1 Naturel 6 2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. TH	ME OF JURY AT WORK? M 1 YES 2 NO 28d. OEŞCRIBE HOW INJURY OCCURED								
8	A [] A	Could not be determined	26e. PLACE building	OF INJURY — At I I, atc. (Specify)	nome, farm,	street, fact	ory, offic	•		28f. LOCAT City or	TION (Street Town, State,	and Number)	or Rural Ro	ute Number,
COMPLET	one!		ER: On the beat of											and manner as stated.
H	296. SIGNATURE AND TITLE	E OF CERTIFIE	novsas					29c. LIC	ENSE NU	MBER		29d, DATI	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS O	45 M	HO COMPLETED CA	Hern	EM 27) (Typ		H	920	ral	- Be	vedu	re at	Gree	2452-17

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OF ALCOHOLE. The law requires that the death certificate be executed within 22-rouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIFFERAL
STATE OF MARYLAND / DEPARTMENT OF HEALTH ANI	D MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	TATE OF MARYL		MENT OF H		MENTAL HYGIEN	E			
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN		
1	Grace S. Fr	eeman				MONTN DA		1:10 P M		
	4. SOCIAL SECURITY NUMBER 5. S	7		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HRTNPLACE (State or Foreign		
	215-50-4589	M 2 K 97	YRS.	MONTHS DAYS	HOURS MIN.	9-6-1894		Marvland		
İ	9s. FACILITY NAME (If not institution, give street a	nd number)		96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY (
5	Wicomico Nursin	g Home		Sa	alisbury		Wic	comico		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		I so city	TOWN OR LOCAT				10d. INSIDE CITY		
BY FUNERAL DIRECTOR		3 1		_				LIMITS?		
3	Maryland Anne	Arundel		Pasadena 101, ZIP CODE				1 ☐ YES 2 🖾 NO		
¥		D = = 4		21122				ed States		
뷀	228 Grays Creek	KOAQ WAS DECEDENT EVER IN	IIIS ARMED	13 WAS DEC		IIC ORIGIN? (Specify Yes				
2	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, sp	city Cuban, Mexical	n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: White		
à l	3\\ Widowed 4 \ Divorced	IF TES, GIVE WAR OR D	ATES -	1 U YES	ZALINO Specify	<i>!:</i>		Specify: White		
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N State of	16a. DECEDENT'S U	JSUAL OCCUPATION OF DORK done during mo	N of working	16b. KIND OF BUS	SINESS/INDUSTR	RY		
		llege (1-4 or 5 +)	Ilfe. Do NOT use	retired.)						
COMPLETED	6		Н	omemake	er		סמ	mestic		
ġ I	17. FATHER'S NAME (First, Middle, Last)	-	ri 11 i om	_		ME (First, Middle, Meiden 1en Jacob				
BE	Herbert	V	Williams	5	ne.	Ten Jacor)5			
	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		19973		
-	Mr. William H. F			9 Gaye				Delaware		
1	20a. METHOD OF DISPOSITION 1. Surial 2 Cremetion 3 Removal 1 4 Donation 5 Qther (Specify)	from Stats	other place)				CATION - City			
	4 [®] Donation 5 ☐ Qther (Specify)		Lenhavei					rnie, MD.		
		//		Mc Ci	illy Fu	neral Hor	ne of	Pasadena		
	Calegra V. Dolor	nuk)						a,Md. 21122		
	23. PART I. Enter the diseases, or companies. List	elicetions that cause	the deeth. Do n	ot enter the mo	de of dying, suc	h aa cardlec or resp	iratory arrest,	Approximate intervel Between		
	IMMEDIATE CAUSE (Final							Onset and Deeth		
	disease or condition reaulting in deeth) e		io Respi		rrest					
ı			CONSEQUENCE OF		dio Vaco	ulan Dise	200			
8 I	Arteriosclerotic Cardio Vascular Disease Sequentially list conditions, Due to (or as a consequence of):									
F	If any, leading to immediate cause. Enter UNDERLYING	Age	CONSCOUENCE OF	J.						
RTIFICATION	CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF);						
	resulting in deeth) LAST									
ĕ	PART II. Other significant conditions co	intributing to deeth b	out not reaulting in	n the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
						1 YES :	≥ X NO	OMPLETION OF CAUSE OF DEATH?		
MED						_		1 YES 2 NO		
ž										
PHYSICIAN:		OSPITAL:		OTHER:	ACE OF DEATH (Ch					
<u>Ş</u>	1 VES 2 NO 1	Inpetient 2 ER/Out	patient 3 DOA 28b, TIM		ie 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE NOW	IN HIRV OCCUR	ED.		
	1 😾 Natural 5 🗌 Pending	(Month, Day, Year)	INJ	URY WO	YES 2 NO	200. DESCRIBE NOW	MJOHT OCCOM			
B	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF INJURY	f — At home, ferm, s			28f. LOCATION (Street	and Number or R	Rural Route Number,		
	3 Suicide S Could not be 4 Homicide determined	Id not be mined 28e. PLACE OF INJURY — At home, farm, street, factory, offics building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Rwn, State)								
<u> </u>	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	. To the heat of my know	rladna, daeth occurre	of at the time date	and place, and due	to the course(s) and ma	noor on eleted			
COMPLET	(Critical Critis)	-						suse(s) and manner as attated.		
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			GNED (Month, Day, Year)		
H	227	24	un1		Marie Control		25 55	William State of the Control of the		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	EATH (ITEM 27) (Type.	Print)	D0202	.0		09/09/91		
	5-				non Di	Den11	Mar O	11 01 1		
	Federico 31. DATE FILED (Month, Day, Year)	G. Arthes	MD 10	DEE A UC	ean Pine	s. Berlin	Ma. 2	1011		
	SEP 1 1 1991	Mia Davidson	Rando 00							
	33-	1-10-077						DHMN-18 Rev 1/8		

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	70			2. DATE OF OEATH DAY	- T (YEAR	3. TIME OF CEATH			
	4. SOCIAL SECURITY NUMBER 224-32-0521	5. SEX 6. AGE (in yrs. less	YRS. IF UNDER 1 YEAR IF UNDER 24 HOURS M			7. DATE OF BIRTH	a. BIRTH	PLACE (State or Foreign Pepper Count		
TOR	9a. FACILITY NAME (If not institution, give st Washington Adv RESIDENCE OF DECEDENT		9b.	Takoma		АТН	oc. coun ₩ bi rd Mont	i in ia		
DIRECTOR	10a. STATE 10b. COUNTY	P _G	Hyat	WN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1001 Chillum Rd	# 401			0782	1	10g. CITIZEN OF V			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4XX Divorced	12. WAS OECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 XN IF YES, GIVE WAR OR DATES	MED O	If yee, specity	ENT OF HISPAN Cubari, Maxicar NO Specify	IIC ORIGIN? (Specify Yes or n, Puerlo Ricen, etc.)	No 14. RACE Bleq Speci	- American Indian, White, etc. Lack		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12) 1 Yr HS	Completed) (Gri	EEOENT'S USUA we kind of work of Do NOT use reth	AL OCCUPATION done during most of ired.)	working	16b. KIND OF BUSIN	ESS/INDUSTRY			
CON	17. FATHER'S NAME (First, Middle, Last)				MOTHER'S NAM	ME (First, Middle, Maiden Sui	mame)			
86	Arthur Lewis Ba					Maude Sutt				
5	Rhonda Ford (Da	aughter)	3504° Cc	PRESS (Street and A DMMODOTE	Joshua Joshua	a Barney Dr	ive, CodyC	20018		
9	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	cemetery, crem	ND DATE OF DIS nationy of other pi Ch Ceme	sposition(Name of lage) etery		Culp	epper,	la.		
4	21. SIGNATURE OF FUNERAL SERVICE LICE	Smil		3015 1	2th St	John T Rhin NE, DC 200	es Co., 17	Inc.		
ATION	23. PART I. Enter the diseasea, or control of the process of the p	DUE TO (OR AS A CONSECU	UENCE OF)					Approximeta Interval Batwean Onset and Death		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSECU	UENCE OF):							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? AMILIABLE COMPLETION DE CASE THES THE COMPLETION 1 YES 2 NO 1 YES									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Chec	ck only one)				
PHYSICIAN:		1 Inpatient 2 ER/Outpetient 3 I		28c. INJURY WORK?	AT	Other (Specify) 28d. DEŞCRIBE HOW INJU	RY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At hom building, stc. (Specify)		1 1 163		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	mario	<u></u>	291	LICENSE NUMB	nen 29	d. DATE SIGNED			
		rapor 2.		WIS	conc	IN AU	Q R	ethisda		
	31. DATE FILED (Month, Day, Year) SEP 1 1 1991	32. REGISTRAR'S SIGNATURE	M.							

in an apparent

bunal-transit

use as the

jo

detached

2

page 5 should

2	Page	Ď		9
BALIIN	death.	funeral		хашіп
ď	after	y the	moval.	cal
	HOURS	d in t	Or re	med
	24	y fille	tion,	the state
,00	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner
001	execute	and cc	o bunial	matic
Š	te be	sician	prior 1	trau
0	ertifica	ng ph	giene	other
Ľ	th c	endi	I Hy	0
DIVISION OF VITAL PECCHOS, P.O. BOX 68/60,	the dea	the att	d Menta	Injury,
ב	that	od be	h an	3my
(quires	n sign	Healt	SMO
Ē	W re	peel	J. 01	45 8
,	9	has	Dec	1 23
	N. Th	icate	State	Hen
_	SICIA	certif	the	0,
5	PHYS	this	With	rked
5	MNG	After	Jeath	E
2	ENC	.H.	ter (8
	AT	티	IS at	12
5	8	PHO	2	ie.
	TAL	RAL	27	=
	400	UNE	VIII)	AM
	HE !	平	ed ×	PHO
	10	E	be fil	MP

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 24573 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Bennie J Gerald 3. TIME OF DEATN J. BENNIE GERARD 09 08 1991 3:11 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) 1 M 2 D F 241-78-7429 45 HOURS 8-7-46 N.C. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATN DIRECTOR IRO 3409 RAVENWOOD ROAD BALTIMORE BALTIMORE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2905 E. FEDERAL ST. 21213 U.S.A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indien, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) BY 1 TES 2 NO 3 Widowed 4 Divorced Specify: BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) GOLF COURSE MARSHALL 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname 70 WILLIAM GERALD MARY PATTERSON notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BETTY JOHNSON 2905 E. FEDERAL ST./BALTIMORE, MD 21213 Pe 20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Burlei 2 Cremetion 3 Removal from State CEDAR'OGROVE CEMETERY 4 Donation 5 Other (Specify) ROWLAND. N.C. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, medical Approximate shock, or heert feliure. List only one ceuse ntervai Between IMMEDIATE CAUSE (Finel Onaet and Death ë disease or condition resulting in death) event, TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events recuiting in death) LAST 20 PART II. Other significent conditione contributing to deeth but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 1 ES 2 NO COMPLETION OF CAUSE NES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1X YES 2 □ NO 4 □ Nursing Home 5 □ Residence 6 ☑ Other (Specify) WOODED AREA 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 09/08/1991 2:56 am 1 - YES 2 X NO BY SUBJECT SHOT 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) IN REAR OF 3409 ETED. Suicide 28 | 82 8 Could not be WOODED AREA - HIME RAVENWOOD ROAD Tem BALTIMORE 1 🗆 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. MARYLAND COMPL 26 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner as stated BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) O.C.M.E. 09/08/1991 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) PENET/111 PENN STREET BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE

.

8	ž.		as.
e h	letac		Duce
a fr	9		at
8	용		pe
etain	sho		O O
2	ige 5		Je 3
may	or, pe		H
9 96	recti		Ĕ
2	rald		ine
SPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rours after death. Page 6 may be retained by the hos	IFFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
fter	the	OVER!	al e
urs a	in 19	le	ed.
3	Med	, e	E .
-	ely 1	LATING	= 1
with	nplet	Cree	Ven
urted	00	ma.	9 3
exec	and	8	mat
8	ician	100	Irau
Cate	phys	9	er
certi	Jug	Se Se	ŧ
ath	ttend	9	0 .
Ne de	the a	Me	Ē
hat th	6	9	ķ
es t	gned	III PS	\$ 3
equir	is us	5	₩ Q
J ME	s be	Z.	33
Je J	e ha	5	E
3	ficat	25	=
SICI	Cert	100	1,0
F	this	WILL	rke
ING	After	Seatt	E
END	DR:	Ter (80
A	ECT.	53	1 2 E
L 09	DIE.	200	He
PITA	ERAL	77 UI	THE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E	243/4
	1. DECEDENT'S NAME (First, Middle, Last) ZELDA	GROMAN			2. DATE OF DEATH DAY 1991 3. TIME OF DEATH			
E C	4. SOCIAL SECURITY NUMBER 213-20-9613			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morring Day, Year) 11/17/190	Coun	HPLACE (State or Foreign try) RUSSIA
	9a. FACILITY NAME (If not institution, give :				R LOCATION OF DE		9c. COUNTY OF	DEATH GOMERY
CTC	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT							
TO BE COMPLETED BY FUNERAL DIRECTOR	MARYLAND	I MITS?						LIMITS?
	3601 FORDS LANE				101. ZIP CODE 21215		10g. CITIZEN OF WHAT COUNTRY? USA	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES			cify Cuban, Maxica	IIC ORIGIN? (Specify Yaa n, Puarto Rican, atc.)		CE — American Indian, ck, Whita, atc. city: WHITE
	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12) 12		16a. DECEDENT'S US (Give kind of work life. Do NOT use in BOOKKEE	done during mod stired.)	N It of working	166. KIND OF BUS	SINESS/INDUSTRY	2
	17. FATHER'S NAME (First, Middle, Last) MAX FRANK	.02				ME (First, Middle, Malden NNA	Sumame) (UNKNOWN)
	19a. INFORMANT'S NAME (Type/Print) MR. FRED GROMAN			PERWOOI		Route Number, City or Yown		8
	20a METHOD OF DISPOSITION 1	Burial 2 Cremeton 3 Removal from Stata 20b. PLACE OF DISPOSITION (Name of comotory, crematory or PLACE OF DISPOSITION (Name of comotory, crematory) (Name of comotory, crematory) (Name of comotory) (Name of como						rown, Stata RE, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Leu				BROS.,		MD 21215
: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. NIDDM (by history): HypothyROIDISM; PARANOID DEUISIONAL DISORDER 248. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION DE COMPL							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
PHYSICIAN: MEDI	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetlant 2 ER/Outp. 26a. DATE OF INJURY (Month, Day, Year)	etlent 3 DOA 4	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At homa, building, stc. (Specify)					261, LOCATION (Street a City or Town, State)	OCATION (Street and Number or Rural Route Number, ty or Town, State)	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and dua to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and dua to the cause(s) and manner as stated.							
TO BE C	29b, AIGNATURE AND TITLE OF CERTIFIER W 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) NTH (ITEM 27) (Type. Pr	int)	29c. LICENSE NUMBER		29d. DATE SIGNED (Morith, Day, Year) P 9-4-91	
ALVW S. MADARANG, M.D; 6121 MONTROSE RD; ROCKVILLE, MD 2						2085	2	
	31. DATE FILED (Month, Day, Year) SEP 11 1991	32. REGISTRAR'S SIGNA	TURE Handell					

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ober

Crate

1

20	
0	
7	
w)	
, P.O. BOX 68760	
2	
w	
ထ	
_	
¥	
\circ	
~	
m	
_	
U	
-	
0	
linder.	
-	
10	
V)	
OF VITAL RECORDS	
_	
~	
ш.	
0	
U	
1 3	
U	
111	
4	
~	
-	
_	
-	
4	
_	ı
_	
>	1
1	
-	
7	
-	
0	
•	
n	
00	Ü
	ı
>	
DIVISION	
2	i
_	
	1
	3
	1

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 2 - 342 12 DAYS HOURS 70 YRS. **■S 1, 2, 3 should** 9a. FACILITY NAME (If not institu 9b. CITY, TOWN OR LOCATIO St Agnes BaHimore FUNERAL DIRECTOR Hospita RESIDENCE OF 10e. STATE COUNTY 10c. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 10f. ZIP CODE AGNES 210 ANE 24 hours after death. Page 6 may be retained by the hospital or attending physician y filled in by the funeral director, page 5 should be detached for use as the buriat-train 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO WAS DECEDENT.
FORCES? 1 YES
IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF 1 Never Merried 2 Merried If yes, specify Cabo В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) (Specify only highest Elementary/Secondary (0-12) USTrAtor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHE ERNARD To. BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of 2 Atherine must be 20a METHOD OF DISPOSITION
1 V Burlel 2 Cremetton 3
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of ry, cremetory or other piece) or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS EdWARD athleen 5311 E 23. PART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying ahock, or heert feilure. List pniy one cause on eech line. IMMEDIATE CAUSE (Final cremation, disease or condition resulting in death) has been signed by the attending physician and completely Dept. of Health and Mental Hyglene prior to burial, crematic executed within DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING pe certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause give MEDICAL that requires PHYSICIAN: the State Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEA this certificate HOSPITAL:

| Impatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2 NO 50 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28 is marked, with 26b. TIME OF INJURY 28c. INJURY AT WORK? 5 Pending Investigation 1 Natural BY 1 YES 2 | N After death HOSPITAL DR ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Sulcide TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is COMPLETED 6 Could not be 4 Homicide 29. CERTIFIER CERTIFYING PHYSICIAN: est of my knowledge, death occurred at the lime, data and place, at nvestigation, in my opinion, death occured SIGNATIFRE 표 BE 29c. LICENS DI 9 CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE cha Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH /

CERTIFICATE OF DEAT

ATOL

AND I	MENTAL HYGIE		21	÷575	
	2. DATE OF DEATH	DAY	EAR 3	TIME OF DEATH	
MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPL Country)	ACE (State or Foreign	
OF DI	EATH	9c. COUNTY	OF DEA	гн	
				Dd. INSIDE CITY LIMITS? YES 2 NO	
303	7	10g. CITIZE	N OF WHA	AT COUNTRY?	
HISPAN Mexice Specify	HC ORIGIN? (Specify Yon, Puerto Rican, atc.)	os or No 14	RACE — Black, W Specify:	American Indian, rhita, atc.	
	16b, KIND OF BI			Onte	
R'S NA	ME (First, Middle, Meidel	106hx	DUSE		
Rural F	Poute Number, City of To	wn, State, Zip Co	7 12	۸7	
	DATE 200 LO	A HO. A	or Town,	State	
OF FACILITY J. WEBER FIH. LMONISON ADE.					
	h aa cardlec or reap		,	Approximate interval Between Onset and Death	
en in i	Part I. 24a. WAS AN PERFOI 1 YES	RMED?	CO OF	RE AUTOPSY FINDINGS NI ABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO	
TH (Che	ck only one)				
ence a Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED					
10	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
nd due 1	to the cause(s) and ma		-		
et the t	ime, data and place, ar				
P 41 9 29d. DATE SIGNED (Month, Pay, Year)					

DHMH-16 Ray 1/89

21319

31. DATE FILED (Month, Day, Year)

1 1991

SEP

	BALTIMORE, MARYLAND 21215-0020	rYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should inthe State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
19.	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HUST BE OF ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24.1	TO THE FUNE MILE OF LEADERS, After this certificate has been signed by the attending physician and completely filled in by the form the many of hours, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SEP 1 1 1991

	FOR 1 STATE		STATE OF N	IARYLAND /	DEPAF	ITMENT	r of H	EALTH	AND I	MENTA	L HYGIEN	91	2	45/6	
	REGISTRAR 1. DECEDENT'S NAME (First, Mid	ddle, Last)		CE	RTIF	ICATE	OF	DEAT	ГН	2. DATE	REG. NO).	Man	3. TIME OF DEAT	ТН
	Glerimina	(Goochar	an						MONT 9	- 7-°	" 91	YEAR	1:30 A	м
	4. SOCIAL SECURITY NUMBER 215-96-5212	1	. SEX	6. AGE (In yrs. less 58	vrs.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont) 11 —	OF BIRTH	932	Countr	PLACE (Stote or Fo	oreign
TOR	98. FACILITY NAME (If not institute 824 Wample:	r Rd.				9b. CITY, TOWN OR LOCATION OF DEATH ESSEX-Middle									
EG	RESIDENCE OF DECED	b. COUNTY			100 CIT	Y, TOWN C	D LOCAT	1001							
DIRECTOR	Md.	Balt	imore			Dund					10d. IN				
FUNERAL	8037 N. Bot	undar	y Rd.				101	2122		4			TIZEN OF V	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			MED		t yes, spe	city Cuba	F HISPAN	n, Puerto I	i? (Specify Yea Ricen, etc.)			E — American India c, White, atc.	en,	
	3 🔯 Widowed 4 🗌 Divorced						200		Guy	ane	se			spanic	
COMPLETED	15. DECEDEI (Specify only high Elementary/Secondary (0-12)	NT'S EDUCAT	ION npleted) College (1-4 or 5 +	(Gir	CEDENT'S ve kind of a Do NOT us	USUAL OC vork done one retired.)	during mos	N st of workin	g	166	. KIND OF BU	SINESS/IN			
AP.	Unknown				eam	stre	SS				Sewin	α			
8	17. FATHER'S NAME (First, Middle, Jose' De'Ac	(Last)	2					18. MOTH	IER'S NAI	ME (First, I	Middle, Maiden	Surname)			
B	19a. INFORMANT'S NAME (Type/F		a	100	54 6 W INC						De'A	-			
2	Evroc Gooch		(So	n) 8	037	N.	Bou	ndar	or Aural A	ioute Numb	oer, City or Tow Balt	n, State, Zij	MD.	21222	
	20a. METHOD OF DISPOSITION 1 Seriel 2 Cremation 3	3 - Ramova	I trom State	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	ne of		DAT	20c. LO	CATION	City or To	wn, Stata	
	4 Donetion 5 Other (Specify) Oak Lawn Cemetary 9+10-91 Balto.Md. 22. NAME AND ADDRESS OF FACILITY														
4000	· alula	16	1			В	rad	ley-	Ash	ton	FUne	ral	Hom	e, Inc	•
	2134 WIllow Spring Rd., Balto, Md. 2122 23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac pr respiratory arrest, abock, pr heart failure. List pnly pne cause pn each line. Approximate														
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death									etween					
			DUE TO (OR AS A CONSEO	UENCE O	7:					-				
ON	Sequentially list conditions, if any, leading to immediate		ANEW DUE TO	OR AS A CONSEO	UENCE OF	ጎ :									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	`{ c_		OR AS A CONSEO											
CERT	resulting in death) LAST	d													
- 11	PART II. Other algnificant co	onditiona c	ontributing to	death but not re	sulting i	n the un	derlying	cause g	iven in i	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FIR	
9										_	1 TES 2			AVAILABLE PRIOR 1 COMPLETION OF C OF DEATH?	
PHYSICIAN: MEDICAL										_				1 TYES 2 TA	+0
NA I	25. WAS CASE REFERRED TO ME EXAMINER?						28. PL/	ACE OF DE	ATH (Che	ck only on	8)				
YSIC	1 YES 2 NO		OSPITAL:	ER/Outpatient 3 1	DOA	OTHER 4 - Nurs	: Ing Home	5 Res	ildence (8 Sther	(Specify) -	> Hon	18		
ву РН	27. MANNER OF DEATH 1 Netural 5 Pendi	ling digation	28e. DATE OF I (Month, De	NJURY v. Year)	28b. TIM	OF	28c. INJU WOF 1 Y	IRY AT	/		CRIBE HOW II				
	3 Suicide 8 Could		28e. PLACE OF building, a	INJURY — At hometc. (Specify)	ie, tarm, a	treat, facto				28t. LOCA	ATION (Street a or Town, State)	and Number	or Rural A	oute Number,	
COMPLETED	29e. CERTIFIER	NG PHYSCIAN	to the best of a	ny knowledge, dea	th occur-	d at the co	- d								
NO N	(Check only one)	EXAMINEN O	m the treals of axi	mination and/or in	vestigatio	n, in my op	ire, data a sinion, de	eth occure	end dua t	io the cau	se(s) and man end placa, an	iner as stat d dus to th	led. ne cause(s)	and manner as st	ated.
BE C	296. SIGNATURE AND TITLE OF C							29c. LICE				29d. DAT		(Month, Day, Yeer)	
<u>و</u> ا	30. NAME AND ADDRESS OF SEE	seal was o	-												

NHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

(QUARE HOSPITAL FRANKLIA

SUARE HOSPITAL

32. REGISTRAR'S SIGNATURE

Ria Davidson-Randell

SQUARE QUO , BALT, MD 21237

The burial-transit permit, Pages 1, 2, 3 should

my physician.

BALTIMORE, MARYLAND 21216-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I		YGIENE EG. NO.	91	2	4
ш	1. DECEDENT'S NAME (First, Middle, Last)	MEDDION	2. DATE OF D			WEAD.	3. TII
ŀ	EARL -	HEDRICK	09	10"	9.	TEAR	2:

	1. DECEDENT'S NAME (First	, Middle, Last)			HEDRICK			2. DATE OF DE	10 ^{ay}	3. TIME OF DEATH 2:50 AM	
	4. SOCIAL SECURITY NUMBER 217-20-5688	3	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 12 - 1	Year)	Count	NPLACE (State or Foreign ny) C VIRGINIA
TOR	NORTH ARUNI	DEL HO		SSOCIATI	ON		OR LOCATION OF D BURNIE	EATH	9c.	COUNTY OF E	
DIRECTOR	10n. STATE MARYLAND	10b. COUNT	v E ARUNDEL		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER			·			Of. ZIP CODE		10g	HAT COUNTRY?	
FUNERAL	480 CARVEL	BEACI		IT EVER IN U.S. AR	450		1226			JSA	
B≺	1 Never Married 2 X 3 Widowed 4 Divo		FORCES? 1	Ves 2 NAR OR DATES KOREA	YES 2 □NO It yes, specify Cuban, Ma R OR DATES 1 □ YES 2 ▼ NO Sp			in, Puarto Rican,	elfy Yes or No etc.)	14. RACI Blac Spec	E — American Indian, k, White, atc. WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			(Gi life.	ve kind of w Do NOT us	USUAL OCCUPAT work done during n is retired.)	ION lost of working	16b. KIND	OF BUSINES		
MO	8 TH 17. FATHER'S NAME (First, M	iddle, Last)		CI	LAUFF	EUR	18. MOTNER'S NA	ME (First, Middle,		CAL CO).
BE (RAYMOND		RICK		MYRTLE	RUTH M	ULLENA	AX	
2	19e. INFORMANT'S NAME (Type/Print) MARY E. HEDRICK						EACH RD,				226
	20b. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE			206. PLACE A cemetery, crei CEDAF	natory or ot	her place) L CEMET	ERY	DATE 20c. LOCATION — City or Town, State 9-13 BROOKLYN PARK, MARYLA			
	Daw Daw	n J:	Bisher			HUBBA	ND ADDRESS OF FA RD FUNER WILKENS	AL HOME	-		21220
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
MEDICAL	PART II. Other significa	nt condition	s contributing to	death but not ra	sulting i	n tha undarlylr	g ceuse given in		NAS AN AUTOI PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL				26. P	LACE OF DEATH (Ch	eck only one)			`
YSIC	1 TYES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ne 5 🗆 Rasidenca		lfy)		
ву Рн		Pending nvestigation	28a. DATE OF (Month, De		28b. TIME INJU	JRY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE	NOW INJURY	OCCURED	
유		Could not be determined	28s. PLACE Of building,	F INJURY — At hon atc. (Specify)	ne, tarm, st	treet, factory, offi	ia .	28t. LOCATION City or Town	(Street and Nui , State)	mber or Rural R	oute Number,
TO BE COMPLET	29a. CERTIFIER (Check only one) I CERTIFIER (Check only one) MEDI- 29b. 310 NUME AND TITLE 20. NAME AND ADDRESS OF RUSSELL R. 31. DATE FILED (Month, Day, V	OF CERTIFIED PERSON WHI	CA, M.D.	e of DEATN (ITEM	27) (Type, HAN)	n, In my opinion,	seath occured at the	time, data and pi	ace, and due	to the cause(a	and menner as stated. (Month) Disc Heart
	SEP 11	1991	Fichia Dav	r's signature	182						J

TO THE HOSPING ANTICODING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE OF	DEATH	8	EG. NO.			
1	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF E			3. TIME OF DEATH	
	DIANE	T	ULA		HETZI	er.	МОНТН	8 DAY	1991	12:17	Ри
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest hirthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF B				
	213-78-8368	1 🗆 M 2 🔯 F	30	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day	y, Ybar)	Count		ilgn
	9a. FACILITY NAME (If not institution, give :			1110.			11-15-60 MARYLAND				
œ						OR LOCATION OF DI	EATH	9c.	COUNTY OF D	EATH	
2	2113 RAMSAY ST	PREET			BALTI	MORE					
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
뜽	MARYLAND				LTIMORE					LIMITS?	
	10e. STREET AND NUMBER			DA		. ZIP CODE				1X YES 2 □ N	0
FUNERAL	2113 RAMSAY STRE	EТ			101			100		VHAT COUNTRY?	
뿔	11. MARITAL STATUS					21223			USA		
	t X Never Married 2 Married		YES 2X	NO	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Sp in, Puarto Rican	ecify Yes or N	0- 14. RACE Black	- American Indian	
8	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES		1 TYES	2 NO Specify	у-	, ,	Speci		
	15. DECEDENT'S EDU	CATION	140.0	COCOCNITIO.	USUAL OCCUPATION	-	-			WILLE	
	(Specify only highest grade	completed)		Give kind of v	vork done during mo	ost of working	18b. KIN	D OF BUSINES	SS/INOUSTRY		
7	Elamentary/Secondary (0-12) 9th	College (1-4 or 5+	,	FOREM			NT A	OC ODE	EUTNO	CARRO	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			FOREFI	-214			-	ETING	CARDS	
	JOHN HET	7 F I				18. MOTHER'S NA					
BE	19s. INFORMANT'S NAME (%porPrint)	ZEL				MARLE			TEAD		
2	MARLENE HETZEL					nd Number or Rural F					
	Street Control of the					TREET, B	ALTIMO	RE, MA	RYLAND	21223	
	20s. METHOD OF DISPOSITION 1 □ Burlet 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE	ANDDATE	F DISPOSITION (Na	me of	OATE	20c. LOCATIO	ON — City or To	wn, Stata	
	4 Donation 5 Other (liperty)		METR	CRE	ATORY		9-11	BALTI	MORE, 1	MARYLAND	i
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD H. HUBBARD FUNERAL HOME, INC.										
	Tour	1	10	7							
	23. PART i. Enter the diseases or	complications that	1	I	14107	WILKENS .	AVE, BAI	LTIMOR	E, MD	21229	
	23. PART i. Enter the diseases, or complications that cause the death, no not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Final Onset and Death										
	resulting in death)										
		DUE TO	OR AS A CONSE	EOUENCE OF	7):						
Z	Sequentially list conditions,	b									
Ĕ	if any, leading to immediate	DUE TO (OR AS A CONSE	EQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury	с									- 1
는	that initiated eventa	DUE TO (OR AS A CONSE	OUENCE OF):						
E	reaulting in death) LAST	d									- 1
	PART ii. Other significant condition	a contribution to	double but not		*					1	
EDICAL	- San San San San San San San San San San	e contributing to t	reatti but not	reauting i	n the underlying	cauae given in i		WAS AN AUTO PERFORMED?	PSY 24b.	WERE AUTOPSY FIND	INGS
ă							10	YES 21 N	0	COMPLETION OF CAL	JSE
×									`	1 YES 2 NO	
z I											- 1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (Che	ck only one)				-
Sic	1 LYES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 00A	OTHER:	X Residence	B [] Other (Con	-66-1			
ξ	27. MANNER OF DEATH	28a, DATE OF		28b. TIME	OF 28c, INJI	JRY AT	28d. DESCRIBI		COCCUREO		
	1 Natural 5 Pending	9 - 8 9		INJU	4.	RK? ES 2 TNO					
BÝ	2 Chutoteto	2-0		ome, farm, at	reat, tactory, office	47			ANGED Imber or Rural R		_
	Homicide 8 Could not be determined	building, e	ic. (Specify)	HOME	west, tactory, office		Sity of Toy	n, State)	SY STR	Oute Number,	
COMPLETED	29a. CERTIFIER									.661	
4	(Check only	CIAN: To the best of n	ny knowledge, d	aeth occurre	d at the time, data	and place, and due	to the cause(a)	and manner a	a stated.		
ő	2 MEDICAL EXAMINE	R: On the beals of axe	mination and/or	Investigation	, In my opinion, de	ath occured at the t	time, data and p	olaca, and due	to the cause(s)	and manner as state	ed.
	296 SIGNATURE AND THE OF CERTIFIER	111		_	T	29c. LICENSE NUM	BER	294	DATE SIGNED	(Month, Day, Year)	-
H	tal- 1 1 X	y un D									
2	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Print)	O C M	E		9-9-9	1	
	FRANKIT	PERE				Culb E Eu	ח דאם ו	TMODE	MADE	TAND 21	201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	1 I I	- PENN	SIKEET	BALT	IMORE	, MAKY	LAND 21	20
	SFP 1 1 1001	Dain.	dron-fan	L. 90							
	OF1 TT 1931	1 1000	A South	A. Alteria							

7. DATE OF BIRTH
(Month, Day, Year)
MAY 17, 1931

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) MARYLAND

0000

4. SOCIAL SECURITY NUMBER

213-26-7763

6. AGE (In yrs. last birthday) | F UNDER 1 YEAR | F UNDER 24 HRS.

VIRGINIA A. HEINZ

60

1 □ M 2 🛣 F

BALTIMORE, MARYLAND 2121

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	9a. FACILITY NAME (If not instituti ST. AGNES HOS)					OR LOCATION OF		17,193	9c. COUNT	MARYI	
DIRECTOR	RESIDENCE OF DECED	ENT			DAI	TIPORE					
E		L COUNTY		10c. CITY, 1	OWN OR LOCA	TION				10	d. INSIDE CITY LIMITS?
	MARYLAND			I	BALTIMO	RE				1	XYES 2 NO
3	100. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZE	EN OF WNA	T COUNTRY?
핃	128 LANDWEHR I	LANE				21223			U.S	. A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marri 3 Wildowed 4 K Divorced	led FDRCES?	NT EVER IN U.S. AR 1 YES 2XII WAR OR DATES	ES 2 X NO If yes, specify Cuban, Mexican, Pu			can, Puerto	Puerto Rican, etc.) Black, White, e Specify:			American Indian, hita, etc.
ETED	(Specify only high	NT'S EDUCATION nest grade completed)	(G	CEDENT'S US	UAL OCCUPATION done during mediand	ON ost of working	16	b. KIND OF BUS	SINESS/INDU	STRY	
-1 1	Elementary/Secondary (0-12)	College (1-4 or 5	+)	OKKEEF				MEAT	COMP	ANY	
COMP	17. FATHER'S NAME (First, Middle,	Last)				18. MOTNER'S N	AME (First,				
w l	HENRY T. HEINZ	Z						J. SC	,		
0 8	19a. INFORMANT'S NAME (Type/P)	rint)	191	b. MAILING AD	DRESS (Street	and Number or Rura				Corde)	
F	EDWARD HEINZ I	II (BROTHER				LANE, BAI					2
	204 METNOD OF DISPOSITION	Braze Money unit	20b. PLACE	AND DATE OF E	SPOSITION /N	ame of	DA		CATION — CI		
	1 X Burial 2 Cremation 3 4 Donation 5 Other (Spec	Hemoval from State	LÖÜDÖ	N PARK	CEMET	ERY	1	91 BAL			
- 1	21. SIGNATURE OF FUNERAL SER	WICE LICENSEE	111		22. NAME A	NO ADDRESS OF E	ACIL ITY				
- 1	+ Lucas	ucu u	EX		LEROY	M. & RI	JSSEL	L C. W	ITZKE	FUNE	RAL HOM
-	23. PART i. Enter the diseas	- (1		1630	EDMONDS	ON AV	ENUE, C.	ATONS	VILLE	,MD. 212:
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.										
CERTIF	that initiated events reaulting in death) LAST	d		•							
MEDICAL	that initiated events	d		•	he underlyin	g cause given in	Part i.	24a. WAS AN PERFOR	MED?	COI DF	ILABLE PRIOR TO
AN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant co	donditional contributing to		•				PERFORI	MED?	COI DF	ILABLE PRIOR TO IPLETION OF CAUS DEATN?
AN: MEDICAL	PART II. Other significant co	d. onditions contributing to	o death but not re	esuiting in t	26, PI	.ACE OF DEATN (C)	heck only o	PERFORI	MED?	COI DF	ILABLE PRIOR TO IPLETION OF CAUS DEATN?
AN: MEDICAL	PART II. Other significant co	d. contributing to contributin	e death but not re	esulting in t	26. PI FHER: ☐ Nursing Norr	ACE OF DEATN (C)	heck only o	PERFORI	MED?	AMA COF DF	MPLETION OF CAUS DEATN?
PHYSICIAN: MEDICAL	PART II. Other significant co	d	□ ER/Outpetient 3	esulting in t	26, PI FHER: Nursing Norr F 28c. INJ	.ACE OF DEATN (C)	heck only o	PERFORI	MED?	AMA COF DF	ILABLE PRIOR TO IPLETION OF CAUS DEATN?
ED BY PHYSICIAN: MEDICAL	PART II. Other significant co	d. DICAL HOSPITAL: 1 Inpatient 2 26s. DATE OF (Month, D) 1 not be 28s. PLACE O building.	□ ER/Outpetient 3	DOA 4 COLUMN TIME OF INJURY	26. PI FHER: Nursing Nor F 28c. INV WC	.ACE OF DEATN (C. 5	heck only o	PERFORI	MED?	AMA COO DF 1	ILABLE PRIOR TO MPLETION OF CAU DEATH? J YES 2 NO
ED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant co 25. WAS CASE REFERRED TO MEDIT COMMENT OF DEATH 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendia Investi 2 Accident Investi 3 Suicide 6 Could 4 Nomicide 6 Could 4 Nomicide 10 Certifying Check only 1 CERTIFYING	d. DICAL HOSPITAL: 1 Inpatient 2 26s. DATE OF (Month, D) 1 not be 28s. PLACE O building.	Definjury — At hor etc. (Specify)	DOA 4 DOA 1	26. Pt FHER: Nursing Norr F 28c. INJ W t v t, factory, offic	ACE OF DEATN (C) 5 Rasidenca URY AT RK? /ES 2 NO a and place, end dur	heck only o	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 3 TO YES 3 TO YES 3 TO YES 4	JURY OCCUI	AMA COIDF 1 [ILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant co 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pendin Invest 2 Accident Invest 3 Suleide 6 Could dearn 299. CERTIFIER (Check only One) 2 MEDICAL EXAMINER AND TITLE OF CO.	d. Direct be best of a EATHERS	ER/Outpetient 3 FINJURY — At hor etc. (Specify) I my knowledge, dea xaminetion and/or in	DOA 4 DOA TIME DOA TI	26. PI THER: Nursing Norr Nursing Norr F 28c. INJ WC N T T, factory, office	ACE OF DEATN (C) 5 Rasidenca URY AT RK? /ES 2 NO a and place, end dur	6 Other 28d, DE 28t, LOC City	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 3 TO YES 3 TO YES 3 TO YES 4	JURY OCCUI	RED Rural Route	ILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant co. 25. WAS CASE REFERRED TO MEDICAL STAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pendia Invest 2 Accident Invest 3 Suicide 6 Could detarm 29e. CERTIFIER (Check only one) 2 MEDICAL E	d. Direct be best of a EATHERS	ER/Outpetient 3 FINJURY — At hor etc. (Specify) I my knowledge, dea xaminetion and/or in	DOA 4 DOA TIME DOA TI	26. PI THER: Nursing Norr Nursing Norr F 28c. INJ WC t T At, factory, office	ACE OF DEATN (C) e 5 Residence URY AT RK? rES 2 NO a and place, end due eath occured at the	6 Other 28d, DE 28t, LOC City	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 3 TO YES 3 TO YES 3 TO YES 4	JURY OCCUI	RED Rural Route	ILABLE PRIOR TO MPLETION OF CAU DEATN? YES 2 NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant co 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pendin Invest 2 Accident Invest 3 Suleide 6 Could dearn 299. CERTIFIER (Check only One) 2 MEDICAL EXAMINER AND TITLE OF CO.	DICAL HOSPITAL: 1 Inpetient 2 26s. DATE OF (Month, D building, and be best of EXAMINER: On the basis of a	De injury — At hor etc. (Specify) The property of the propert	DOA 4 DOA TIME DOA TI	26. PI THER: Nursing Norr Nursing Norr F 28c. INJ WC N T T, factory, office	ACE OF DEATN (C) e 5 Residence URY AT RK? rES 2 NO a and place, end due eath occured at the	6 Other 28d, DE 28t, LOC City	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 3 TO YES 3 TO YES 3 TO YES 4	JURY OCCUI	RED Rural Route	ILABLE PRIOR TO MPLETION OF CAU DEATN? YES 2 No Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant co 25. WAS CASE REFERRED TO MEDICAL STANINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pendia Investi 2 Accident 3 Suicide 6 Could detarm 29e. CERTIFIER (Check only one) 2 MEDICAL E	DICAL HOSPITAL: Inpetient 2 26a. DATE OF (Month, D building, 1 28a. PLACE O building, 1 28a. PLA	ER/Outpetient 3 FINJURY — At hor etc. (Specify) I my knowledge, dea xaminetion and/or in	DOA 4 28b. TIME Of INJURY me, term, stree sth occurred st mvestigation, in	26. PI THER: Nursing Norr Nursing Norr F 28c. INJ WC t T At, factory, office	ACE OF DEATN (C) e 5 Residence URY AT RK? rES 2 NO a and place, end due eath occured at the	6 Other 28d, DE 28t, LOC City	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 3 TO YES 3 TO YES 3 TO YES 4	JURY OCCUI	RED Rural Route	ILABLE PRIOR TO MPLETION OF CAIDEATIN? YES 2 NO. Number,

FOR

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) LOUIS

R.

HUEPER

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 H DAYS 218 14 4305 1 | M 2 | F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION (DIRECTOR 803 Chatfield Road Joppa RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Harford County Joppa FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE ysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit prior to burial, cremation, or removal. 2108 803 Chatfield Road ... nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF H 11. MARITAL STATUS 1 Never Merried 2 Married 1 YES 2 NO BY 3 Widowed 4 Divorced WW II yes COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highe (Give kind of work done life. Do NOT use retired.) ost of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 +Retired once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER 智 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or 2 803 Chatfield Rd, Jo Helen Hueper Wife 90 20e. METHOD OF DISPOSITION
1 □ Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremator must Donation 5 Other (Specify) examiner 21. SIGNAPORE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS Royald Wade, Dir 655W. Baltin unari medical ART i. Enter the disposes, of complications that caused the death. Do not enter the mode of dying shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Cho requires that the death certificate be executed within reaulting in death) traumatic event, CERTIFICATION Sequentially list conditions. If any, leading to immediate After this certificate has been signed by the attending physician obeath with the State Dept, of Health and Mental Hygiene prior to smarked, or item 23 shows any injury, or other traums cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause give PHYSICIAN: MEDICAL HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEA OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ng Home 5 🗆 Resid 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 1 Netural 5 Pending 1 YES 2 N BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) O THE HOSPITAL ON THE FUNERAL DIRECTOR: Aff be filed within 72 hours after dr 3 Suicide COMPLETED 4 Homicide t 🔲 quarty ying Physician: To the best of my knowledge, death occurred at the time, date end place, e (Check anly are) TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 296. SIGNATURE AND TITLE O CER BE 2 30. NAME AND ADD SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROBERT SMTIH 2303 Bel Air Rd, Fallston, MD

122 MEGISHRAN'S SIGNATURE LARDS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN

CERTIFICATE OF DEATH

ID MENTAL HYGIENE	91	6	4300
REG. NO.			
2. DATE OF DEATH MONTH DAY		YEAR	3. TIME OF DEATH
8 - 29 -	199		ID:15 P M
7. DATE OF BIRTH (Month, Day, Year) 4-1-1914		Counti	ryland
OF DEATH	9c. COU	NTY OF D	EATH
		HAR	FORD CO
			10d. INSIDE CITY
			LIMITS?
	10g. CIT	IZEN OF	WHAT COUNTRY?
35	υ	JSA	
ISPANIC ORIGIN? (Specify Yee lexican, Puerto Rican, etc.)	or No-	14. RACI	E — American Indian, k, White, etc.
Specify:			White
16b, KIND OF BUS	INESS/IN	DUSTRY	· · · · · ·
Too. Kind of boo	1116001111	5001111	
State H	iahw	av	
'S NAME (First, Middle, Maiden			
Rural Route Number, City or Town	n, State, Zi	ip Code)	
oppa, MD 2108	35		
y or 20c. LO	CATION -	- City or T	own, State
OF FACILITY STATE	ANA	гому	BOARD
more St, Balt		MD 2	1201
such as cardiac or reaple Arries	ratory as	rreat,	Approximata interval Batween Onset and Death
Son			
Ca-lux	4		
	1		
in to Post I as una su			L WEST ALTONOV TAIDBIOG
en in Part i. 24a, WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
1 _ YES 2	□ NO		OF DEATH?
			1 YES 2 NO
TH (Check only one)			
lence 6 Other (Specify)			
28d. DESCRIBE HOW I	NJURY O	CCUREO	
10			
28f. LOCATION (Street City or Town, State)		er or Rural	Route Number,
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	10.5 20-0	tota d	-
nd due to the ceuse(e) end man at the time, date end place, ar			(s) and memor as stated.
	29d, DA	-/	D Modes Que, There's
23579	>	9/9	1197

E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page b may be retained	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shouls	
63	5	
ay D	page	
E	0,	
9	9	
2	ġ.	
Œ.	mer	
9	9	-
affe	y th	2
55	9	ē
3	=	0
4	쁦	Ë,
2	×	atic
Ē	ete	E
*	ď	5
ě	8	la la
ec.	2	ā
8	5	2
9	sicia	nior
Cat	E	63
E	0	ien
8	듄	못
Æ	ter	9
ő	8 3	ent
the car	5	2
Jat	5	a
S	Je.	븚
9	Sign	훈
200	Dee	ŏ
₩.	S	g.
9	ha	ă
Ε.	ate	tat
¥.	THE STATE OF	9
Sic	8	4
훒	this	푷
S	fter	Bath
9	A.	P
Ξ	P.	afte.
¥	53	10
8	띪	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
M	A	2
SP	ER	i
호	E	A S
ш	ш	6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours arise death. Tage 6 may be retained by the hospital or septiments have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should be detached for use as the burdat-transit permit.

	FOR STATE OF MARYLA 1 - REGISTRAR	ND / DEPARTI			NENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3, TIME OF DEATH		
	EDWARN R. HARDV	SR.			MONTA 41	"Q1 "	12:30 P. H		
		yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF SIRTH (Month, Day, Year)	8.9	BIRTHPLACE (State or Foreign Country)		
	579-07-2177 M 2 = 80	YRS.	DAYS DAYS	HOURS MIN.	7/4/1911	W	ashington, D.C.		
~	9e. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DE		9c. COUNTY	OF DEATH		
DIRECTOR	Carriage Hill Nursing Cent	er	Silve	r Sprin	ıq	Montg	omery		
EC	IOe. STATE 10b. COUNTY	Hoc. CITY, 1	TOWN OR LOCATI	ON			IOd. INSIDE CITY		
ä	MD. Montgomery	S	ilver	Spring			1 YES 2 XNO		
AL.	10e. STREET AND NUMBER		101.	Spring		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	9104 Second Avenue			20910			ted States		
5	11. MARITAL STATUS 1 Never Married 2 X Married 12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			C ORIGIN? (Specify Year, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc.		
8	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DAT	ES	1 TYES	2 NO Specify			Specify: Black		
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUST			
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of world)	k done during mos etired.)	t of working	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
7	Unknown	Retire	be		GOVE	ernmen	, <u>+</u>		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			IS. MOTHER'S NAM	NE (First, Middle, Meiden				
BE C	William Hardy			Un	known				
TO B	19e. INFORMANT'S NAME (Type/Print)				loute Number, City or Tow				
F	Dr. Kelsey A. Jones	4558	Clay	St., Wa	shingtor				
	I □ Burlel 🏂 □ Cremelion 3 □ Removal Irom State	PLACE OF DISPOSIT other place)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		y or Town, Btate		
		e's Cre	emator	ium D Address of FAC		linton	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE DICENSEE		Stew	art Fun	eral Hon	ne			
	John Mewart	.111	400	l Benni	ng Road,	N.E.	Wash. D.C.		
	23. PAPTI. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on ea	the death. Do not	snter tha mo	da of dying, such	se cardiac or resp	iratory srrest	Approximats		
	IMMEDIATE CAUSE (Finel								
	disease or condition resulting in deeth) a. A Cute (or chi o pulmanary Arrest DUE TO (OR AS A CONSEQUENCE OF):								
				•			2/2/		
N	Sequentially flat conditions,	CONSEQUENCE OF):					191		
AŢ		utrition					9/01		
S	CALISE (Disease or Injury	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	12 god	POR:				8 (91		
8					- 1				
CAL	PART II. Other significant conditions contributing to death but		the undarlying	j cause given in	PERFO	RMEQP	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Prostatic Concur	7~C			I _ YES	2 NO	OF DEATH?		
MEDI		<u> </u>					1 TYES 2 NO		
PHYSICIAN:	as the olds persons to arrow.			105 05 D5 1711 (C)					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ACE OF DEATH (Ch	8 Other (Specify)				
14S	1 YES 2 NO 1 Inpetient 2 ER/Oulps 27. MANNER OF DEATH 28e. DATE OF INJURY	tient 3 DOA 4			8 U Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUR	RED.		
	I ☑ Natural 5 ☐ Pending (Month, Pay, Year)	INJUI	M I	RK?	EGG. DEGG. NDE 11011				
8	2 Accident Investigation 26e, PLACE OF INJURY	— Al home, farm, str			28f. LOCATION (Street	end Number or	Rural Route Number,		
	3 Suicide 8 Could not be building, stc. (Special Could not be determined	fy)			City or Town, State)			
	29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowle	ados dasth occurred	et the time date	and place, and due	to the cause(e) and me	nner ee steled			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination								
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM			IIGNED (Montil, Day, Year)		
BE	DBPthuh II mo			דדות	29	> 9	14/91		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, F	Print)	וווע	0- 1				
		32.009	17-1	oles vill	e Rd	SS, N	11 20910		
	31. DATE SEPTION DE 1 1991	THE NEW YORK							



- t = 1

E, MARTLAN	ay be retained by the hosp	page 5 should be detache	be notified at once.	
DALLINORE, MARTLAND	ours after death. Page 6 m	in by the funeral director,	nedical examiner mus	
DO 400 400,	TO THE HOS YELL OF A TRUDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNCTION CHECKING SHEET this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the function of Abstraction of Application of	IMPORTANT I tem as is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	lires that the death certific	Signed by the attending pl	ws any injury, or other	
	PHYSICIAN: The law requ	this certificate has been	rked, or item 23 sho	
1	HOSPIRE OF WITENDING	FUNE FULL DIFFECTURE: After	TANTALI Hem 28 is mg	
	THE	TO THE	IMPOR	-

JOHN T.

31. DATE FILED (Month, Day, Year)

BULKELEY,

1991

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII	RTMENT O	F HEALTH ANI OF DEATH		HYGIENE REG. NO.	9 1	24582
	1. DECEDENT'S NAME (First, Middle, Last) THERESA MA		HART			2. DATE OF MONTH O8	DEATH DAY 27	YEAR 91	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 578-26-3335	1 □ M 2XXF	E (In yrs. lest birthday, 72 YRs.		EAR IF UNDER 24 HRS	S. 7. DATE OF (Month, D	BIRTH	8. BIRTI	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give PENINSULA GE RESIDENCE OF DECEDENT		CAL		WN OR LOCATION OF ALISBURY	DEATH	9c. COL	WIC	DEATH OMICO
DIRECTOR	District of C	olumbia	10e. Cf		Nashington				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 238 34th Stre	ot NF			10f. ZIP CODE 20019				WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED S 2 2 NO DATES	IS. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. R. Bi 14. R. Bi 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 15. R. Bi					E - American Indian, k, Whita, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				PATION g most of working	16b. KIP	ND OF BUSINESS/IN	DUSTRY	
MPL	12th Grade	College (1-4 di 3+)	Don	nestic		P	rivate		
BE CO	17. FATHER'S NAME (First, Middle, Lest) Moses Carte	r				NAME (First, Midd Sarah	le, Malden Surname) Davis		
TO B	19a. INFORMANT'S NAME (Type/Print) Clarence Hart 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 238 34th St., N.E. Wash. D.C.								·
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State Co	ON PLACE AND DATE	OF DISPOSITIO	N/Alamani -				wn, Stata a, Virginia
	21. SIGNATURE OF TUNERAL SERVICE AND	CENSEE	t. TI	22 NAM	ewart Fu 1 Benni	ineral	Home		
	23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, Approximate Interval Between the cause of								Approximata Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
_	PART II. Other algoliticant condition	a contributing to death	but not resulting	in the under	ying causa given		PERFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PAGES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Our	tpatient 3 XDOA	OTHER:	5. PLACE OF DEATH (6		ociha)		
ву рну	27. MANNER OF DEATH Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIN	IE OF 28c.	INJURY AT WORK?	_	BE HOW INJURY OC	CURED	
8	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, ec/fy)			281. LOCATIO City or To	N (Street and Number wn, State)	or Rural A	oute Number,
COMPLET	2 MEDICAL EXAMINE	CIAN: To the best of my known	wiedge, death occurr on and/or investigation	ed at the time, o	data and place, and de	us to the cause(s) he time, data and) and manner as stat place, and due to th	led. He cause(a)	and menner as stated.
w	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N	UMBER	29d, DAT	E SIGNED	(Month, Day, Year)

DEPUTY M.E.

32. REGISTRAR'S SIGNATURE has Davidson-Randell

108 PINE BLUFF ROAD

D03599

SALISBURY,

08-27-91

21801

MARYLAND

mr, or the second

iges 1, 2, 3 should

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

BARTLET

4. SOCIAL SECURITY NUMBER

577-22-4710

9a. FACILITY NAME (If not institution, give street and number)

Prince George's Hospital

10b. COUNTY

1 -

	Maryland Prin	ce George's	Lan	dover			1 TES 2 XNO
3AI	10e. STREET AND NUMBER		-	101. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	303 Willow Hi			20785		Unit	ed States
B	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES I IF YES, GIVE WAR OR DA	2 NO	WAS DECENDENT OF HISP, If yes, specify Cuban, Maxic 1 YES 2 NO Specify No Specific No Spe	an, Puerto Ric	(Specify Yes or No-	14. RACE — American Indian, Black, Whita, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	18a. DECEDENT'S USUAL	OCCUPATION during most of working	16b. K	IND OF BUSINESS/INOL	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)			
	12th Grade 17. FATHER'S NAME (First, Middle, Lest)		Photogram			Governm	ent
1	Floyd A. Haw	king				ddle, Maiden Surname)	
	19a. INFORMANT'S NAME (Type/Print)	VATILS	19b. MAILING ADDRES	SS (Street and Number or Rura	Beatr Boute Number	ice Boga	Corte
	Emma W. Hawkin	ıs					. Maryland
	20a. METHOD OF DISPOSITION 1X Burlel 2 □ Cremetion 3 □ Rem	206.	PLACE AND DATE OF DISPO	SITION (Name of	OATE		
	4 Donation 5 Other (Specify)	I I	Harmony Me	morial Pa	rk 9/1	Landov	er, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES	1 22	NAME AND ADDRESS OF F	ACH ITY		
	Lohm	all ment.	40	01 Bennine	Roa	d. N.E.	Wash. D.C.
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e. Landing DUE TO (OR AS A O	cn line.				Interval Batw Onsat and D
MEDICAL CERTIFI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	prosto	26. PLACE OF DEATH (C	_	4a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
SICIAN: MEDICAL CERTIFI	CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significant condition Lare 25. WAS CASE BEFERRED TO MEDICAL EXAMINEST? 1 7 FES 2 NO	d. a contributing to death but of the HOSPITAL!	t not reculting in the u	26. PLACE OF DEATH (C) R: rsing Home 5 □ Rasidence	neck only one)	PERFORMED? ES 2 NO Specify)	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
	CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significant condition PART II. Other significant conditio	d. ne contributing to death bu of the colliged HOSPITAL	it not reculting in the u	26. PLACE OF DEATH (O R: rsing Home 5 - Residence 28c. INJURY AT WORK?	neck only one)	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significant condition Lare 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 28a. DATE OF INJUSTY (Marsh, Ony, Year)	t not reculting in the u	26. PLACE OF DEATH (C) R: rsing Home 5 Residence 28c. INJUTY AT WORK? 1 YES 2 NO	s C Other (1 284, DESCRIPTION CONT.)	PERFORMED? ES 2 NO Specify)	AVAILABLE PRICOMPLETION OF DEATH?

HAWKINS

DAYS

10c. CITY, TOWN OR LOCATION

Cheverly

HOURS

6. AGE (In yrs. last birthden

1 M 2 DF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 | CERTIFICATE OF DEATH REG. NO. REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH SEPT 7. DATE OF BIRTH (MONTH Day, War)

June 25 IF UNDER 1 YEAR IF UNDER 24 HRS. s. BIRTHPLACE (State or Foreign Country) 922 Wash. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George's 10d. INSIDE CITY 1 TES 2 XNO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, atc. Black BUSINESS/INOUSTRY vernment len Sumame) Bogan own, Stete, Zip Code) dover, Maryland LOCATION - City or Town, State Landover, Maryland N.E. Wash. D.C. piratory arrest. Approximata Interval Batwean Onsat and Daath eden duce 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AN AUTOPSY ORMED? 2 0 NO 1 YES 2 NO INJURY OCCURED and Number or Rural Route Number, anner as stated.

DHMH-16 Rev 1/89

14.5.5.16.5 - 1.10 - 1.

mrise. I we

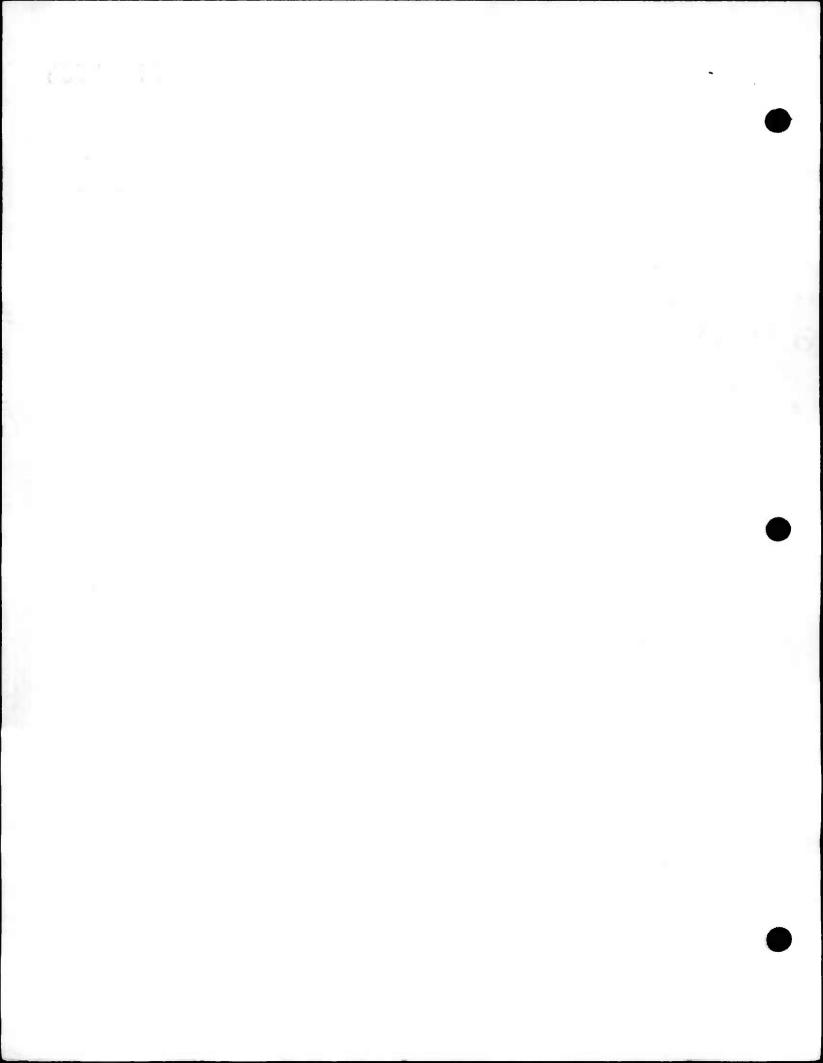
BALTIMORE, MARYLAND 21203-3146

TO THE MOSETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2007 after death. Page 6 may be retained by the hospital or attending physician.

THE FLIVERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filter within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last) ALICE B. HARTLIN	JE ALICE	BURDE	TTA	2. DATE OF DEATH MONTH DAY	-	3. TIME OF DEATH /3 · 5 3 AM			
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH					
	220-22-2032 1□ M 2 🔯 F	75 YRS. MOI	THE DAYS	HOURS MIN.	(Month, Day, Year)	1915 B.	HPLACE (State or Foreign http) Md ALTIMORE			
~	9e. FACILITY NAME (If not institution, give street and number)			LOCATION OF DEA		_	C. COUNTY OF DEATH			
ě	HARBOR HOSPITAL CENT	FER BALTIMORE					BALL-FAMORE n/a			
RE	Maryland Anne Arundel		OWN OR LOCATI		David		10d. INSIDE CITY LIMITS?			
L D	Maryland Anne Arundel	Ball		(Brook)	yn Park)	16a. CITIZEN OF	1 TYES 2 NO WHAT COUNTRY?			
FUNERAL DIRECTOR	210 Orchard Avenue,			2122	5	US				
N I	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 YES	U.S. ARMED 2 X NO	13. WAS DECE	NDENT OF HISPANI	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No- 14. RAI	CE American Indien, ck, White, atc.			
B	3 X Wildowed 4 Olvorced IF YES, GIVE WAR OR DA	TES	1 TYES	XX NO Specify:		Spe	White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. OECEOENT'S USU	done during mos		16b. KIND OF BUS	INESS/INDUSTRY				
15	Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade	Homema			Housew	rife	- 1			
WO	17. FATHER'S NAME (First, Middle, Lest)	Tromonic	1	16. MOTHER'S NAM	IE (First, Middle, Maiden					
BEC	Charles B. Walton				e Jacobs W					
5	190. INFORMANT'S NAME (Type/Print) Mrs. Mildred E. Brooks				oute Number, City or Townal to., Md.					
	20e. METHOD OF DISPOSITION 20b	PLACE OF DISPOSITIO	N (Name of com	eleny commetony or		CATION City or	Town, State			
		other place) Cedar Hill					Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin	E. Ecker			al Home of					
-	23. PART I. Enter the disesses, or complications that caused	the death Denet			co Ave., B					
	shock, or heart failure. List only one cause on es		enter the mod	ia oi dying, such	iss cardiac or respi	ratory arreat,	Approximete Interval Between Onset and Death			
	disease or condition resulting in death)	LATORY	FA	ILURE						
	disease or condition resulting in death) RESPIR DUE TO (OR AS A SAMALL	CONSEQUENCE OF):		EP 05	- 1 110-0					
NOI	Sequentially list conditions, If any, leading to immediate	CONSEQUENCE OF):	-MNCI	ER UF	LUNG					
CAT	Cause, Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST	CONSEQUENCE OF):								
CE	G.	ut not requision to a	ha wadaidalaa		9		+			
MEDICAL	PART II. Other significant conditions contributing to death be	ot not resulting in t	na undenying	csuse given in i	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI					1 YES 2	XNO	OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		THER:	ACE OF DEATH (Che						
HYS	1 ☐ YES 2 ☐ X outpi 27. MANNER OF DEATH 28e. DATE OF INJURY	26b. TIME O	F 28c, tNJI		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED				
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR		ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide datermined 26e. PLACE OF INJURY building, etc. (Spec		et, factory, office	'	28f. LOCATION (Street of City or Town, State)	and Number of Rure	f Route Number,			
LET	29s. CERTIFIER (Charle gale 1) CERTIFYING PHYSICIAN: To the best of my knowl	lades death seemed								
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination						e(a) and menner ee stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM			ED (Month, Day, Year)			
TO B		SIC/AN		AS2441	61463	▶ 09-	-09-91			
-	J. V. SELVARAJM.D. 3001	S. HAND	VER 57	BAL	TIMORE	MA	21230			
- 1	SEP 1 1 1991 July June June June June June June June June	ATURE								



AND 21215-0020

BALTIMORE, MARY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Playe 6 may be human at the hospital or amending prevailable.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hydere prior to burial, cremanal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

			91-514	5-510							91	6	4000
	1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	RTMENT I	OF HEALTH	I AND I	MENTAL	HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First,								2. DATE O	F DEATH		YEAR	3. TIME OF DEATH
		RLES	JOSEPH			LMANN	V						12:17 P M
	4. SOCIAL SECURITY NUMB 216 14 402		5. SEX 1 1 M 2 F	8. AGE (In yrs. I	last birthday) YRS.	MONTHS C	YEAR IF UNDE	ER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) 5/23/1922 8. BIRTHPLACE (State or For Country) Pennsylval				
	9e. FACILITY NAME (If not in:	stitution, give a	street end number)			9b. CITY, T	OWN OR LOCAT	TION OF DE		7 1 3 2 2	_	NTY OF DI	
DIRECTOR	870 Washi	ngtor	n Blvd.			Balt	imore	,			=	====	=====
E C	10e. STATE	10b. COUNT			t0c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY
	Maryland	===			Ba	ltimo	re						LIMITS?
FUNERAL	10e. STREET AND NUMBER						tor. ZIP COI	DE			t0g. CIT	ZEN OF W	HAT COUNTRY?
Ä	826 Woodwa	ard St						230				S.A.	
	1 Never Merried 2	Married	12. WAS DECEDEN FORCES? 1	X YES 2	NO	If y	S DECENDENT es, specify Cub	en, Maxicai	n, Puerto Ric	(Specify Yee en, etc.)	or No-	Black	- American Indian, White, etc.
ВУ	3 Widowed 4 Divor	ced	World W			1 [YES 2 X NO	Specify Specify				Specif	White
ETED	15. DECE (Specify only	DENT'S EDU highest grade	CATION completed)	16e, C	Give kind of	USUAL OCCI	UPATION ing most of work	ing	18b. K	IND OF BUS	SINESS/INC	DUSTRY	
PLE	Elementary/Secondary (0- 12th Grade		College (1-4 or 5	•)	alesm					harle	ac Ch	ine	
COMPL	17. FATNER'S NAME (First, Mid				arcon	iai i	18, MO	TNER'S NAI	ME (First, Mic			iips	
BE C		С	charles C	. Heilm	ann				1ia				
TO E	19e. INFORMANT'S NAME (Ty			1			itreet and Number						
	Paul T. Hei						ena Ave	enue	Ba1t	-			nd 21206
	1 Donetion 5 Other	n 3 🗆 Rame	oval from State	camatary, c	rematory or o	of disposition that place) 1 Ceme			DATE		CATION -		
	21. SIGNATURE OF FUNERAL		CENSEE	Ceda	r ull	22. NA	ME AND ADDRI	ESS OF FAC	YTIJE				Maryland
	6.6	ika	120	You	110		orge J						
	23. PART I. Enter the dis	seesea, or c	complications the	caused the d	leath. Do r	ot enter th	UI KITO	onie	HWY.	Balti	more	, Md	. 21225
	ahock, or he IMMEDIATE CAUSE (Fine	ert randre.	List only one cau	ee on eech lin	le.	-				o or roop.	olory an	u at,	interval Between Onset and Death
	disease or condition resulting in death)	+	· /	news	non	ul	-						
			DUE TO	(OR AS A CONSI	EQUENCE OF	F):							
CERTIFICATION	Sequentielly list condition		b	OR AS A CONSI	EOUENCE OF	า:							
CAT	cause. Enter UNDERLYIN CAUSE (Disease or Injur	IG	С.										
E	that initieted events resulting in deeth) LAST		DUE TO	OR AS A CONSE	EOUENCE OF	7:					7.7		
SER			4										
	PART II. Other significant	t condition	a contributing to	death but not	resulting i	n the wyder	rlying cause	given in F	Part I. 2	As. WAS AN			WERE AUTOPSY FINDINGS
MEDICA	Menu	vea	noll	Hear	r	1/10	ear	_	_	PERFORM			AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?
M									_ +			- 1	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL T											
Sici	EXAMINER?	WEDICAL	HOSPITAL:	Ento and a		OTHER:	28. PLACE OF E						
H	27. MANNER OF DEATH		1 Inpatient 2 I	INJURY	28b. TIM		c. INJURY AT	seldenca (Specify) V			welling
			(Month, Di	ry, Year)	INJ	URY	WORK?	PI NO		ior non in	DON' OCC	OHED	
<u></u> ≈	Natural 5 P	ending restigation					YES 2	_ NO					
D BY	2 Accident In	ould not be	28e. PLACE O	FINJURY — At h	ome, ferm, s				28f. LOCATI	ON (Street e	nd Number	or Rural Ro	oute Number,
ETED	2 Accident In 3 Suicide 8 C 4 Nomicide	westigation	28e. PLACE O	FINJURY — At h	ome, ferm, s				281. LOCATI City or	ON (Street e Town, Stale)	nd Number	or Rural Ro	oute Number,
ETED	2 Accident 3 Suicide 8 C 4 Nomicide 8 C 29e. CERTIFIER (Check only	ould not be exermined	28e. PLACE Of building,	my knowledge, d	eath occurre	treet, factory,	office	e, end due t	City or	(e) and man	ner se glat	ed.	
COMPLETED	2 Accident 3 Suicide 8 C 4 Namicide 8 C Check only one) 2 MEDIC	ould not be etermined FYING PHYSIC AL EXAMINER	28e. PLACE Or building, CIAN: To the best of an arrangement of the basis of the ba	my knowledge, d	eath occurre	treet, factory,	office	e, end due t	City or	(e) and man	ner se glat	ed.	end menner as stated.
BE COMPLETED	2 Accident 3 Suicide 8 C 4 Nomicide 8 C 29e. CERTIFIER (Check only	ould not be etermined FYING PHYSIC AL EXAMINER	28e. PLACE Or building, CIAN: To the best of an arrangement of the basis of the ba	my knowledge, d	eath occurre	treet, factory,	office , date end place ion, death occu	e, end due t	to the cause	(e) and man	ner ae atat	ed. e cause(e)	
COMPLETED	2 Accident 3 Suicide 8 C 4 Namicide 8 C Check only one) 2 MEDIC	rvestigation could not be attermined FYING PHYSIC CAL EXAMINED	28e. PLACE Of building,	my knowledge, d amination end/or	ieeth occurre	treet, factory,	office , date end place ion, death occu	o, end due t	City or	(e) and man	ner se state	ed. e cause(e)	end menner ae stated. Month, Day, Year)
BE COMPLETED	2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 2 X MEDIC SIGNATURE AND TITLE	rvestigation could not be starmined FYING PHYSIC AL EXAMINER FERSON WHI	28e. PLACE Or building, CIAN: To the best of an arrangement of the basis of the ba	my knowledge, d amination end/or	enth occurre Investigation	treet, factory, d at the time, n, in my opini	dete end place fon, death occu 29c. LIC	e, end due to red at the to ENSE NUMBER OF METERS AND M	to the cause ime, date en	(e) and man	due to the	e cause(e)	end menner ae stated. Month, Dey. Year) 7 1 9 9 1
BE COMPLETED	2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 2 X MEDIC SIGNATURE AND TITLE	ould not be starmined FYING PHYSIC CAL EXAMINER PERSON WITH	28e. PLACE Of building. CIAN: To the best of R: On the best of experience of the complete of	my knowledge, d amination end/or	Investigation EM 27) (Type,	treet, factory, d at the time, n, in my opini	office , date end place ion, death occu	e, end due to red at the to ENSE NUMBER OF METERS AND M	to the cause ime, date en	(e) and man	due to the	e cause(e)	end menner ae stated. Month, Dey. Year) 7 1 9 9 1

3. TIME OF DEATH

REG. NO.

1 - FOR STATE REGISTRAR

I, DECEOENT'S NAME (First, Middle, Last)

30	É
death.	funeral
Te.	the
S	à
9	E.E
24	fille
D WILDING	mpletely
ecrete	Dd Co
8	a
e De	Sicial
IIC2	6
Cert	Duip
deam	atte
The	the
a a	A
es ti	onec
edniu	en si
WE	a pe
9	ha
SPITAL OR ATTENDING PHYSICIAN: The law requires that the deam certificate be executed within 24 hours after death. Page	FRAI DIRECTOR: After this cartificate has been stoned by the attending physician and completely filled in by the funeral dire
PHS	this
SING	After
ATTENC	FCTD8-
8	DIR
PITAL	FRAI

9 DAY 1991 AR MONTH Susan Hoefler 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH Month, Day, Year) 10/7/1898 MONTHS DAYS HOURS MIM Md. 218-22-7438 1 M 2 F 92 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Med. Cent. Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore German Hill Rd. 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7232 German Hill Rd. 21222 page 5 should be detached for use as the burial-transit U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Pt 1 YES 2 NO Specify: 1 Never Merried 2 Married YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced Cauc. ETED | 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Flementary/Secondary (0-12) College (1-4 or 5+) COMPL Unk. Unk Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Pietsecki BE Unknown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Catherine Robinson N Curley 21224 Baltimore. Md. 9 20e. METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name OATE of cemetary, crematory must of Jeses 197/1 acred Heart Baltimore, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2818 E. Baltimore St. B. Dabrowski & Son Baltimore, Md. 21224 or removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. Interval Retw **Onset and Death** IMMEDIATE CAUSE (Final the cremation, Myscardine disease or condition resulting in death) event, prior to burial, traumatic ev CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Nev CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE and shows any of Health 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 Pet 25. WAS CASE REFERRED TO MEDICAL 28, PLACE OF DEATH (Check only one) State | HOSPITAL: OTHER: 1 YES 2 NO int 2 - ER/Outpatient 3 - DOA ing Home 5 Residence 8 Other (Specify) seath with the S marked, or i 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending M 1 YES 2 NO BY death Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🗌 Suicide 40 ETED 8 Could not be determined after 4 Homicide 28 hours a item 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated COMPL be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. FUNER 29b. SIGNATURE AND TITLE OF CUMULIER 29d. DATE SIGNEO (Month, Day, Year) BE to fled 91 10 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) hatteriee, 39 sh

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	×
death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	marked, or Item 23 shows any Injury, or other traumatic event, the medical ex-
emation,	nt, the I
burial, cre	atic ever
prior to	r traum
Hygiene pri	or othe
d Mental	Injury,
Health ar	ws any
Jept. of	23 sho
State [r Item
h with the	marked, or Item 23 shows a
leat	E

	REGISTRAR		CE	HILL	ATE OF	DEATH	A	EG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF			3. TIME OF DEATH		
	Thomas E	dward	Jacobs,	Jr.			Sept	8,	1997	N AND THE REAL PROPERTY AND THE PROPERTY AND		
	4. SOCIAL SECURITY NUMBER		6. AGE (in yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E			PLACE (State or Foreign		
1	215-03-7600	1X M 2 □ F			ONTHS DAYS	HOURS MIN.	(Month, Da	v Yearl	Country	PLACE (Stete or Foreign		
	9e. FACILITY NAME (If not institution, give :	1.0	83					9,1908	1908 Baltimore			
0				9	b. CITY, TOWN	OR LOCATION OF I	DEATN	9c. CO	OUNTY OF DE	ATN		
Ö	2434 Chetwood	Circle #1	03		Timor	nium			Balt	imore		
딩	RESIDENCE OF DECEDENT 10e, STATE 10h, COUNT											
DIRECTOR	1			10c. CITY, T	OWN OR LOCA					10d. INSIDE CITY		
		ltimore			Timor	nium				1 YES ZY NO		
¥	10e. STREET AND NUMBER				10	f. ZIP CODE		10g. C	TIZEN OF W	HAT COUNTRY?		
	2434 Chetwood	Circle #1	03			21093			US			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	ED.	12 WAS DEC	CENDENT OF HISPA						
<u>.</u>	1 Never Married 2XXIII Nerried	FUNCES? 1	TES 2 AND)	If yes, sp	pecify_Cuben, Mexic	an, Puerto Ricen	pecity tea or No— i, etc.)	14. RACE Black	- American Indian, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAT	H OH OATES		1 TYES	S 2 X NO Spec	ffy:		Specif			
	15. DECEDENT'S EDU	JCATION	16 DEC	EOENT'S HE	UAL OCCUPATION		1		1	White		
	(Specify only highest grade	e completed)	(Givi	e kind of work Do NOT use n	done during mo	ost of working	16b. KIN	D OF BUSINESS/II	NDUSTRY			
١٦١	Elementary/Secondary (0-12)	College (1-4 or 5 +)	,				D	11.1	0			
Σ				City	Clerk		B	altimore	City			
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)					18. MOTNER'S N	AME (First, Middle	s, Maiden Surname)				
BE	Thomas Edward	d Jacobs,	Sr.			Louise	Α.	Roser	nsteel			
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street e	and Number or Rural	Route Number, C	City or Town. State.	Zin Codel			
인	Martha B. Jacob	os				d Circle				d 21003		
	20e. METHOD OF DISPOSITION		1		DISPOSITION (No							
	1 M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	toval from State	cemetery, crem	atory or other	place)	ame of	DATE	20c. LOCATION -				
	21. SIGNATURE OF FUNERAL PERVICE LIC	0-00	Dulane	ey va	lley M	em. Grd	ns.	Timor	nium,	Md		
	DU	1). (Un)	ris			ND ADDRESS OF F		: C - 1 - I				
	Bryan W. C	lany	7)	10 W	ımon-Mit I. Padon	cnell-w	ledeteld	Inc.	Md 21093		
									num,	WIG 21093		
	23. PART i. Enter the diseases, or a shock, as heart feliure.	List only one cause	on-each line.	in. Do not	anter tha mo	de of dying, su	ch as cerdiac	or respiratory s	rrest,	Approximata Interval Between		
1	IMMEDIATE CAUSE (Finel					et = 0.11.				Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	WALDE		's N	1ACROC	slobul:	ENEM:	EA		Onset and Death		
	immediate cause (Fine) disease or condition reaulting in death)				1ACROC	slobul.	ENEM:	EA				
N	disease or condition reaulting in death)		NSTROM		1ACROC	slobul.	ENEM:	EA		Onset and Death		
rion	disease or condition resulting in death) Sequentielly list conditions,	DUE TO (O	NSTROM	JENCE OF):	1AC ROC	slobuc.	enem:	EA		Onset and Death		
CATION	disease or condition resulting in death) Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING	DUE TO (O	NSTROM OR AS A CONSEQU	JENCE OF):	1ACROC	slobuc.	enem:	EA		Onset and Death		
IFICATION	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OI	NSTROM PR AS A CONSEOU	JENCE OF): JENCE OF):	1ACROC	flobuu.	ENEM:	EA		Onset and Death		
RTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING	DUE TO (OI	NSTROM Pras a consequence	JENCE OF): JENCE OF):	1ACROC	flobuu.	ENEM:	EA		Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO (OI	NSTROM Pras a consequence	JENCE OF): JENCE OF):	IAC ROC	flobuu.	WEM!	EA		Onset and Death		
AL CERTIFICATION	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OI DUE TO (OI DUE TO (OI d.	WSTROM OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	JENCE OF): JENCE OF):					/ 24h	Onset and Death 4 1/2 YR,		
ICAL CERTIFICATION	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO (OI DUE TO (OI DUE TO (OI d.	WSTROM OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	JENCE OF): JENCE OF):				WAS AN AUTOPSY PERFORMED?		Onset and Death 4 1/2 YR WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
EDICAL CERTIFICATION	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OI DUE TO (OI DUE TO (OI d.	WSTROM OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	JENCE OF): JENCE OF):			Part I. 24e.	WAS AN AUTOPSY		Onset and Death 4 1/2 YR,		
MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OI DUE TO (OI DUE TO (OI d.	WSTROM OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	JENCE OF): JENCE OF):			Part I. 24e.	WAS AN AUTOPSY PERFORMED?		Onset and Death 4 1/2 YR WERE AUTOPSY PINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OI DUE TO (OI DUE TO (OI d.	WSTROM OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	JENCE OF): JENCE OF):			Part I. 24e.	WAS AN AUTOPSY PERFORMED?		Onset and Death 4 1/2 YR WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OI DUE TO (OI C. DUE TO (OI d	WSTROM OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	JENCE OF): JENCE OF):	he underlying		Part I. 24e.	WAS AN AUTOPSY PERFORMED?		Onset and Death 4 1/2 YR WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OI DUE TO (OI DUE TO (OI d	WSTROM PRAS A CONSEQUE PRAS A	JENCE OF): JENCE OF): JENCE OF):	he underlyinç 28. PL	g ceuse givan in	Part I. 24e.	WAS AN AUTOPSY PERFORMED? YES 2 NO		Onset and Death 4 1/2 YR, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OI DUE TO (OI C. DUE TO (OI d	PAS A CONSECUENT AS A CONSECUE	JENCE OF): JENCE OF):	he underlying 28. PL FHER: □ Nursing Nome	g ceuse given in	Part I. 24e. 1 [seck only one) 6 [Other (Spe	WAS AN AUTOPSY PERFORMED? YES 2 NO		Onset and Death 4 1/2 YR, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OI DUE TO (OI DUE TO (OI d. BE CONTRIBUTING TO de	WSTROM OR AS A CONSEQUE	JENCE OF): JENCE OF): JENCE OF):	he underlying 28. PL FHER: Nursing Nom 28c. INJ WO	g ceuse given in ACE OF DEATN (C) 5 Y Residence URY AT	Part I. 24e. 1 [seck only one) 6 [Other (Spe	WAS AN AUTOPSY PERFORMED? YES 2 NO		Onset and Death 4 1/2 YR, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	DUE TO (OI DUE TO	PR AS A CONSEQUER AS	JENCE OF): JENCE	28. PL FHER: Nursing Nom F 28c. INJ! WO 1	G ceuse given in ACE OF DEATN (C/ 5	Part I. 24e. 1 [seck only one) 6 [Other (Spe	WAS AN AUTOPSY PERFORMED? YES 2 NO		Onset and Death 4 1/2 YR, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OI DUE TO	PAS A CONSEQUENT AS A CONSEQUE	JENCE OF): JENCE	28. PL FHER: Nursing Nom F 28c. INJ! WO 1	G ceuse given in ACE OF DEATN (C/ 5	Part I. 24e. 1 1 1 1 1 1 1 1 1 1 1 1 1	WAS AN AUTOPSY PERFORMED? YES 2 NO OCITY) E HOW INJURY OC	CCURED	Onset and Death 4 1/2 YR WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	DUE TO (OI DUE TO	PAS A CONSEQUENT AS A CONSEQUE	JENCE OF): JENCE	28. PL FHER: Nursing Nom F 28c. INJ! WO 1	G ceuse given in ACE OF DEATN (C/ 5	Part I. 24e. 1 seck only one) 6 Other (Spe 28d. DESCRIB	WAS AN AUTOPSY PERFORMED? YES 2 NO OCITY) E HOW INJURY OC	CCURED	Onset and Death 4 1/2 YR WERE AUTOPSY PINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OI DUE TO	PAS A CONSEQUENT AS A CONSEQUE	JENCE OF): JENCE OF):	28. PL FMER: Nursing Nom- F 28c. INJI WO 1	G ceuse given in ACE OF DEATN (C/ 5 √ Reeldence URY AT RK7 /ES 2 □ NO	Part I. 24e. 1 1 6 Other (Spe 28d. DESCRIB 28t. LOCATION City or Res	WAS AN AUTOPSY PERFORMED? YES 2 NO Inclination of the second of the sec	OCURED or or Rural Ro	Onset and Death 4 1/2 YR WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OI DUE TO	PR AS A CONSEQUER AS	JENCE OF): JENCE OF):	28. PL THER: Nursing Nom F 28c. INJ WO 1	ACE OF DEATN (C/	Part I. 24e. 1 1 6 Other (Spe 28d. DESCRIB 28t. LOCATION City or Tow	WAS AN AUTOPSY PERFORMED? YES 2 NO Cally) E HOW INJURY OC I (Street and Number In, State)	CCURED or or Rural Ro	Onset and Death 4 1/2 YR WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OI DUE TO (OI C. DUE TO (OI d. DUE TO (O	PR AS A CONSEQUER AS	JENCE OF): JENCE OF):	28. PL THER: Nursing Nom F 28c. INJ WO 1	ACE OF DEATN (C/	Part I. 24e. 1 1 6 Other (Spe 28d. DESCRIB 28t. LOCATION City or Tow	WAS AN AUTOPSY PERFORMED? YES 2 NO Cally) E HOW INJURY OC I (Street and Number In, State)	CCURED or or Rural Ro	Onset and Death 4 1/2 YR WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OI DUE TO (OI C. DUE TO (OI d. DUE TO (O	PR AS A CONSEQUENT AS A CONSEQ	JENCE OF): JENCE OF):	28. PL THER: Nursing Nom F 28c. INJ WO 1	g ceuse given in ACE OF DEATN (C/ 5 \inc Residence URY AT RK? /ES 2 \inc NO and place, and dus eath occured at the 29c. LICENSE NUI	Part I. 24e. 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WAS AN AUTOPSY PERFORMED? YES 2 NO Incity) E HOW INJURY OC In, State) and menner se state pleca, end due to t	or or Rural Ro	Onset and Death 4 1/2 YR WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
O BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER ACCIDENTIAL CONTINUES CONTINU	DUE TO (OI b. DUE TO (OI c. DUE TO (OI d. DU	PRAS A CONSEQUER AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JUNE O	28. PL FHER: Nursing Nom F 28c. INJ WO 1	G ceuse given in ACE OF DEATN (C/ 5 \inc Residence URY AT RK? (ES 2 \sum NO and place, and due eath occured at the	Part I. 24e. 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WAS AN AUTOPSY PERFORMED? YES 2 NO Incity) E HOW INJURY OCCURRENCE AND Number of the control	or or Rural Ro	Onset and Death Y/L YR, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? I YES 2 NO uite Number, and manner as stated. Month, Day, Yeer)		
O BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OI b. DUE TO (OI c. DUE TO (OI d. DU	PRAS A CONSEQUER AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JUNE O	28. PL FHER: Nursing Nom F 28c. INJ WO 1	g ceuse given in ACE OF DEATN (C/ 5 \inc Residence URY AT RK? /ES 2 \inc NO and place, and dus eath occured at the 29c. LICENSE NUI	Part I. 24e. 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WAS AN AUTOPSY PERFORMED? YES 2 NO Incity) E HOW INJURY OCCURRENCE AND Number of the control	or or Rural Ro	Onset and Death Y // YR, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? I YES 2 NO ulte Number, and manner as stated.		
O BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADORESS OF PERSON WHO	DUE TO (OI b. DUE TO (OI c. DUE TO (OI d	PAS A CONSEQUER AS A	JENCE OF): JENCE OF):	28. PL THER: Nursing Nom F 28c. INJ WO I Y R, tectory, office	ACE OF DEATN (CAN BE SEED OF DEATN (CAN BE S	Part I. 24e. 1 1 6 Other (Spe 28d. DESCRIB 28t. LOCATION City or Tow to the cause(e) time, data and p	WAS AN AUTOPSY PERFORMED? YES 2 NO Cally) E HOW INJURY OF The Performance of the Perfo	occured or or Rural Ro ated. TE SIGNED (I	Onset and Death 4 1/2 YR WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO ulte Number, unte Number, Month, Day, Year) 11, 1991		
TO BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER A. Nesbit	DUE TO (OI b. DUE TO (OI c. DUE TO (OI d	PAS A CONSEQUENT AS A CONSEQUE	JENCE OF): JENCE OF):	28. PL THER: Nursing Nom F 28c. INJ WO I Y R, tectory, office	ACE OF DEATN (CAN BE SEED OF DEATN (CAN BE S	Part I. 24e. 1 1 6 Other (Spe 28d. DESCRIB 28t. LOCATION City or Tow to the cause(e) time, data and p	WAS AN AUTOPSY PERFORMED? YES 2 NO Cally) E HOW INJURY OF The Performance of the Perfo	occured or or Rural Ro ated. TE SIGNED (I	Onset and Death Y/L YR, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? I YES 2 NO uite Number, and manner as stated. Month, Day, Yeer)		

1 - FOR STATE REGISTRAR

\Box	
0	
VII AL RECORDS, P.O. BOX 68760	
-	
2	
~	
9	
×	
_	
0	4
=	
_	
	1
$\mathbf{\mathcal{C}}$	
a.	d
_	- 1
E2	
2	- 7
n	1
_	- 3
~	1
_	- 1
n.	1
_	
' N	- 1
_	1
u	
=	м
I	10
_	
_	
or -	
-	Ė
m00	
	٠.
-	- 1
	13
	- 6
	ì
	- 3
_	- 3
	- 6
7	
7	1
_	6
-	- 3
n	į,
00	- P
_	- 1
-	1
VISION OF	the contract of the contract o

		1. DECEDENT'S NAME (First		M IACK	COM	TR					2. DATE O	F DEATH	AY	YEAR 3	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		AM JACKSON , JR. 5. SEX 6. AGE (in yrs. last birthday)			F UNDER 1 YEAR F UNDER 24 HRS.				9 10 7. DATE OF BIRTH			91 EARLY A 6. BIRTHPLACE (State or Foreign		
		220-14-4169)	1 XM 2 - F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	25	Country)		
pinous		90. FACILITY NAME (If not i	institution, give e	treet and number)			9b, CITY	, TOWN	OR LOCATI	ON OF DE		25 -		TY OF DEA	YORK	
1, 2, 3	ECTOR	1 SEYON COL					CA	TON	SVILI	E			BALTIMORE			
Pages 1	REC	10e. STATE	10b. COUNT	1		10c. Cl	TY, TOWN	OR LOCA	TION	-				10	Od. INSIDE CITY	
F.	0	MARYLAND	BALTI	MORE		CA	ATONS	VIL	LE					1	LIMITS?	
sit per	RAI	100. STREET AND NUMBER 1 SEYON COURT						10	4. ZIP COD 212						AT COUNTRY?	
physician. burlal-transit permit.	FUNERAL	11. MARITAL STATUS	COURT	12. WAS DECEDER			13.	WAS DEC			IC ORIGIN?	(Specify Yes	US.		- American Indian,	
phy phy	B	1 Never Married 2 Merried FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES 1946						If yes, sp	ecify Cube 3 2 X NO	n, Maxicer	n, Puerto Ri	can, etc.)		Black, V Specify:	WHITE	
	ETED	(Specify on	CEDENT'S EDU	CATION completed)	16	Give kind of	work done	CCUPATI during me	ON ost of workli	ng	16b. I	KIND OF BUS	SINESS/INDL	STRY		
	PLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	MAINTI		E SI	UPERV	/TSOR	BI	T.TND	INDIIS	rrtrs	& SERVICE	
detact once.	COMPL	17. FATHER'S NAME (First, A	Aiddle, Lest)						· ·			ddle, Maiden		IKILO	d DERVIO	
E E E	BE (ROBERT WILL		CKSON ,	SR.				ROS			HOEMAI				
pe 5 should be notified at	70	190. INFORMANT'S NAME (ELIZABETH		IER-JACK	SON							E, MA			228	
e o may be ector, page must be		20s. METHOD OF DISPOSIT		oval from State	20b.PL	ACE AND DATE	OF DISPOS	ITION (N	ame of		DATE	-				
director		20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, Str. 4 Donation 5 Other (Specify) — State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											RYLAND			
rs after deam. Page o may be n by the funeral director, page femoval. dical examiner must be		Daw.	n 2-	Tioh	01		H	OWAF	ED H.	HUBB.	ARD F	UNERA	L HOM	E, II	NC.	
by the moval.	- 17	23. PART i. Enter the d	Ilseases, or o	complications the	at caused th	e death Do	not enter	the mo	WILK	ENS	AVE.,	BALTI	MORE,	MD.		
ed writin 24 nou completely filled li al, cremation, or event, the me	7	ehock, or h iMMEDIATE CAUSE (Fi disease or condition resulting in death)	leart lallure.	. Acu	Use on each	MOCE MEQUENCE O	280	la.	D.En	for	ectie	ייי מיי	and y are	• (,	Approximate interval Between Onset and Death	
ending physician a li Hygiene prior to or other traum	ERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	indiate ING ury			INSEQUENCE O	30	V	per	000	vee	esq				
the att Menta	O	PART II. Other significa	ant condition	s contributing to	death but	not resulting	in the ur	derlyin	o cause o	niven in I	Part i I	24s. WAS AN	ALITODEY	1 245 W	ERE AUTOPSY FINDINGS	
signed by Health an	4: MEDICAL											PERFOR	MED?	OF	MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO	
ficate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	110001741					LACE OF D	EATH (Che	ck only one)					
ertifica the Sta	HYSI	1 YES 2 NO		HOSPITAL:		nt 3 🗆 DOA	OTHER 4 Num		6 5 □ Re	sidence (B 🗆 Other (Specify)				
After this certific death with the St marked, or it	ву Рн		Pending Investigation	26a. DATE OF (Month, E		26b. Till IN.	IE OF JURY M		URY AT ORK? YES 2		26d. DESC	RIBE HOW IF	IJURY OCCL	RED		
CTOR: A after d after d 28 is	ETED	3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE C building,	of INJURY - atc. (Specify)	Af home, ferm,	streef, fect	ory, offic	•		261. LOCAT City or	ION (Street a Town, State)	nd Number o	r Rural Rout	s Number,	
₹ 32 =	COMPLE			CIAN: To the best of R: On the beste of e											nd menner se stated.	
TO THE FUNER DE filed within	то ве с	A WOLL	OF CERTIFIER	noghit	el;	M.D.			DI DI	NSE NUMI	200 PER		29d. DATE ▶ G	SIGNEO (M	onth, Day, Year)	
	Ē	30. HAME AND ADDITES O	PERSON WHO	MOG	SE OF DEATH		Print)	55	- (NIL	KE.	NS	AVE	E. 2	21229	
141		31. DATE FILED Month, Die	7/1991	32. REGISTRA	avidson	Randelle Randelle										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

24588

DHMH-16 Rev 1/89

Later I I I'm

and the second s

12.5 Apr. 12.00 12.5 Apr. 12.00 12.00 Apr. 12.00 Apr. 12.00 12.00 Apr. 12.00 Apr. 12.00 12.00 Apr. 12 1 - FOR STATE REGISTRAR

1215-0020

		1 - STATE REGISTRAR	STATE OF MA	RYLAND	DEPAR	TMENT (OF I	ALTH AND	MENT	AL HYGIEI		21	4589
		1. DECEDENT'S NAME (First, Middle, Lest RICHARD GORD								TE OF DEATH	7 19	3.	TIME OF DEATH 2,50 R M
2		4. SOCIAL SECURITY NUMBER 213-28-2623	1 X M 2 □ F	AGE (tn yrs. le	est birthday) YRS.		F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN. FEB. 2, 1932					Country)	AND
5.	OR	9. FACILITY NAME (# not institution, give 10505 TOLLING CL	12 11 12 12 12			96. CITY, TO		LOCATION OF E				Y OF DEAT	
	DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUN MARYLAND HOWA				, TOWN OR I		N.			1 10000	104	d. INSIDE CITY
	FUNERAL I	1050 TOLLING CLOC				COLUM	101. 2	ZIP CODE				EN OF WHA	YES ZY NO
	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAY 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES				DECEN	1044 IDENT OF HISPA Hy Cuban, Mexic XNO Speci	cen, Puerl	GIN? (Specify Ye o Rican, etc.)		J. S. A 4. RACE — Black, W Specify:	American Indian, hite, etc.
	APLETED	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)					PATION ng most	of working	5	STATE O	F MARY	LAND	WHITE
d at onc	BE COMPL	17. FATHER'S NAME (First, Middle, Last) CRESTON S. NOLL						ELEANO	AME (Firs	, Middle, Maider	Sumame)	PLA	VIVI I IVI 7
be notified	2	JUNE GODDARD 20e. METHOD OF DISPOSITION			12	43 WI	NTE	Number or Rural		LINTHI	CUM, M	D. 2	
must		1 Denetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		cemetery, cr	N PAR	K CEM	ETEI		9/1		LTIMPR		Stata
oval. al examiner		·2/9/		_		HUB1	BARI	FUNER	AL H	TIF BA	TTTMOD	E. MI	21229
i, cremation, or remova event, the medical	1	iMMEDIATE CAUSE (Final disease or condition resulting in death)	PROPRIE	Dn eech iin	e. 570N '	20 70					piretory arrec	st,	Approximate interval Between Onset and Daath
Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	COPOHAM	AS A CONSE	BRY	005b							
of Health Shows an	N: MEDICAL (PART ii. Other significant condition	ns contributing to dea	nth but not	reauiting in	the under	iying o	ceuse given in	Part I.	24a. WAS AF PERFO 1 YES	RMED2	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
he State Dept.	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	VOutpatient :		OTHER:		E OF DEATH (C)		,			
marked, o	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day.)		28b. TIME INJU	OF 280	. INJUR WORK	Y AT	_	ESCRIBE HOW	INJURY OCCU	RED	
after d	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY At hi (Specify)	ome, farm, st	reet, factory,	office		28f. LC	CATION (Street y or Town, State	and Number or	Rural Route	Number,
ANT: It Item	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the basis of exami	knowledge, de	eath occurred	i at the time, , in my opini	date an	d place, and due	e 10 the c	ause(s) and ma	nner as stated	cause(a) and	I menner ea stated.
be filed within 72 IMPORTANT: It	TO BE	29 CSIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	allers, Y	1.0.	w		2	D27		7	29d. DATE S	IGNED (Mo	nth, Day, Year)
N		DR. JACK MCWATTE 31. DATE FILED (Month, Day, Year)	RS - 11085	LITTI	LE PAT		PA	RKWAY,	COL	JMBIA,	MD.		
7		SEP 1 1 1991	Ache Devide	r-Nandi	M.								DMMI 18 Pay 1/00

1 - STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last		ANI	NA M.	UDIC	KE	SEPTEMBER	R 10.19	FAR	L:05 A.
	4. SOCIAL SECURITY NUMBER 215-48-3073		(In yrs. last	birthday) IF UNI	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	/ a.	BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give		02		TY, TOWN	OR LOCATION OF DE	SEPT.16,1	9c. COUNTY	MARYI OF DEATH	
5	HOWARD COUNTY GE	NERAL HOSPÍT	AL		OLUM	PIA .	·	HOWA	RD	
DIRECTOR	10a. STATE 10b. COUN	IOWARD		10c. CITY, TOW ELL:		CITY	-		201	. INSIDE CITY LIMITS? YES 2 NO
LONEDAL	100. STREET AND NUMBER 2815 WILLOW LANE	1			10	1. ZIP CODE 21043		16g. CITIZEN	S.A	
T L CIME	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 XN		Il yes, sp					American Indian, nita, etc.
2120	15. DECEDENT'S ED (Specify only highest grad		(Gi	CEDENT'S USUAL tre kind of work do Do NOT use retire	ne during me	ON oal of working	16b. KIND OF BI	JSINESS/INDUS	TRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5+)		EMAKER	1.)		OWI	N HOME		
	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maide	n Surname)		
1	JOHN FEILER 19a. INFORMANT'S NAME (Type/Print)		191	MAILING ADDR	SS (Street	MARIE	GUNTNER Route Number, City or To	wn State Zin Co	urie)	
	LOUISE LUDICKE	(DAUGHTER)					COTT CITY			21043
	20a, METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	ob. PLACE (other ple NEW CA	OF DISPOSITION ATHEDRA	(Name of ce	ETERY	9/12/9 L BA	OCATION — CITY ALTIMOR		
	21. SIGNATURE OF FUNERAL SERVICE I		16		LEROY	M. & RUS		WITZKE	FUNE	RAL HOM
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. OUE TO (OR AS d.	A CONSEC	OUENCE OF):	dla	l Inj	anction	<u>. </u>		3 20
THE COLUMN	PART II. Other algorificant conditions of the co	one contributing to death	but not r	esuiting in the	underlylr	ng cause given in	Part I. 24a. WAS A PERF(N AUTOPSY ORMED? 2 TANO	CO OF	RE AUTOPSY FIND ILLABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 1900
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		PLACE OF DEATH (Ch	eck only one)			
	1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation Investigation	1 Inpetient 2 ER/O	Υ	26b. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUP	REO	
יבה סו	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide detarmined	26s. PLACE OF INJU	RY — At ho	ome, farm, street,			261. LOCATION (Street City or Town, State		Rural Rout	Number,
COMPLETE	one)	SICIAN: To the best of my known NER: On the basis of examina								d manner as sta
	296 SIGNATURE AND TITLE OF CERTIF	(N.B. VE		NKI)		D' 30	469	29d. DATE S	F- (onth, Day, Year) 0 -199
•	9055 CHEVRO		E; \$		e	Hisott	city:	MD	- 2	1042
	31. DATE FILED (Month, Day, 1649) - SEP 1 1 1991	32. REGISTRAR'S SI	Action	e.						
		4-	44.1							DHMH-16 R

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, usee 5 should be detach
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
STATES OF THE ST

31. DATE FILED (Month, Day, Year) SEP 1 1 1991

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR			NT OF HEALTH ANI TE OF DEATH	D MENTAL HYGIEI	-	1 24591			
	13.12	Ellswo	ghorne	2. DATE OF DEATH MONTH		YEAR 3. TIME OF DEATH				
	MI OI - WIS A	2 G F 75	est birthday) IF UNI YRS. MONTH	DER 1 YEAR FUNDER 24 HRS 8 DAYS HOURS MIN	(44. 44. 65. 44. 4	6 8	BIRTHPLACE (State or Foreign Country)			
TOR	9a. FACILITY NAME (If not institution, give street and in ST. QCALES HOSP RESIDENCE OF DECEDENT	B	TY, TOWN OR LOCATION OF AUTOMORY	DEATH	9c. COUNT	Y OF DEATH				
DIRECTOR	100. STATE 100. COUNTY BACTIN	ORE	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	408 Common u	>	10g. CITIZE	N OF WHAT COUNTRY?						
B	a D water a Day of Diff Yi	DECEDENT EVER IN U.S. A CES? 1 $\boxed{2}$ YES 2 $\boxed{2}$ ES, GIVE WAR OR DATES $2/41$ $1/1$	3/45	3. WAS DECENDENT OF HISI It yes, specify Cuban, Max 1 YES 2 NO Spec	lea or No— 14. RACE — American Indian, Black, Whita, atc. Specify: Black					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
BE CON	17. FATHER'S NAME (First, Middle, Lest) GEORGE LANGHORNE 16. MOTHER'S NAME (First, Middle, Meiden Surrame) PEARL LANGHORNE									
10	19a. INFORMANT'S NAME (TyperPrint) MATTIE LANGHORNE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 408 COMMONWEALTH AVE BALTIMORE, MD 21228									
	20e. METHOD OF DISPOSITION DATE 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Capacity State 20c. LOCATION - City or Town, State 20c. LOCATI									
	Leroy O.	West		LEROY O. I 4600 LIBER	OYETT & SO RTY HEIGHT	ES AVE	VERAL HOME ENUE 21207			
	23. PART L Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Dasth disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIND TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH CO.									
PHYSIC	1 YES 2 NO 1 1 3 Jnpa	OTHER: 1 Strington Stringt								
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCURED					
LETED	4 Homicide detarmined building, atc. (Specify)									
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER ANDOEL RESIDE	29c. LICENSE N	29c. LICENSE NUMBER 29d. DATE SIGNED (Mor							
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) ASUMANI YEBOAH ST ASNES HOLD, GOD CATON ANE, BASIMORE, MD, 2172									
	31. DATE FILED (Month, Day, Year) 9 32.1	EGISTRAR'S SIGNATURE			-					

0	
Ø	
68760	
~	
30	
a)	
~	
റ	
BOX	
ш	
٠.	
P.0	
S	
0	
Œ	
0	
$\mathbf{\circ}$	
C)	
RECORDS,	
ш.	
Œ	
TAL	
⋖	
_	
_	
_	
-	
LL.	
ਰ ਹ	
\cup	
-	
_	
$\mathbf{\mathcal{C}}$	
70	
4)	
-	
_	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director name 5 should be detached for use as the burial-transfer name 4 2 3 about
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	91-5165-510 FOR	CTATE OF I	AADVI AND	4 DCD4					1		9	1 2	4592
	1 - STATE REGISTRAR	STATE OF I	MAKYLAND (DEPAR	ICATE	OF F	DEA	AND TH	MENT	AL HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DA	TE OF DEATH	AY	YEAR	3. TIME OF DEATH
	JAMES 4. SOCIAL SECURITY NUMBER	5. SEX	R				UGA	_	9	7		1991	11:45 PM
	239-38-9180	1X M 2 F	6. AGE (In yrs.	53 YRS.	IF UNDER	DAYS	IF UNDEF	MIN.	(Mc	TE OF BIRTH Onth, Day, Year)	28	Country)	CAROLIN
Œ	9a. FACILITY NAME (If not institution, give at						R LOCATI	ON OF E	DEATH		9c. COUN	TY OF DE	ATH
5	BON SECOURS HOSPITAL RESIDENCE OF DECEDENT					BALTIMORE							
DIRECTOR	10a. STATE 10b. COUNTY			10c, CIT	10c. CITY, TOWN OR LOCATION					10			IOd. INSIDE CITY LIMITS?
	MD. 10e. STREET AND NUMBER				RALTIMORE. 101. ZIP CODE								X YES 2 NO
FUNERAL	101 NORTH FULTON AVENUE												AT COUNTRY?
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			ARMED					NIC ORK	USA. IIC ORIGIN? (Specify Yes or No			- American Indian,
BY	1 Never Married 2 XX Married FORCES? 1 YES 3 Widowed 4 Divorced FYES, GIVE WAR OR DATE			Ũио			2 NO			n, Puarto Rican, etc.)			White, etc.
				DECEDENT'S USUAL OCCUPATION				1				CK	
E.	(Specify only highest grade Elementary/Secondary (0-12)	(Specify only highest grade completed)			(Give kind of work done during most of working life. Do NOT use retired.)				1,	16b. KIND OF BUSINESS/INDUSTRY			
COMPLETED				BALTI	MORE	CIT	Y						
	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S N	AME (Firs	t, Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print) 19h			195 MAIL INC	ANNOESS	(Chant a	and Advantage		D M	mber, City or Tow			
2	MINNIE MCDOUGAL												1000
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, States												
	4 Donation 5 Other (Specify) WESTERN STAR CEMETERY CATONICITY IN MARRY AND INC.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO, MD. 21223 P.O. BOX 4433												
HILLAHION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel dleases or condition resulting in death) Arteriosclerotic Cardiovascular Disease Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
ב ב	reaulting in death) LAST												
MEDICAL	PART II. Other significant conditions	ant conditiona contributing to death but not resulting in the underlying cause given in Pari						Part I.	PERFORMED? 24b		0	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
		INQUIRY							'	☐ YES ZX XNO			
rn i Sician:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 46. PLACE OF DEATH (Check only one)											
2	1 X YES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
	1 Netural 5 Pending	MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)		28b. TIME OF 1NJURY AT WORK? M 1 YES 24			IK7	14.0	26d. DESCRIBE HOW INJURY OCCURE		JRED	ED	
	2 Sulalda —	3 Suicide 26s. PLACE OF INJURY — At home, ferm					3	CNO	281. LC	281. LOCATION (Street and Number or Rural Route Number,			
	4 Homicide datarmined building, atc. (Specify) 8 Could not be datarmined building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLETING	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
	296, SIGNAYUNG AND TITLETH SETTIFIER				29c, LICENSE NUMBI								
	26/10				OCME				Ε	▶9-8-91			
	FRANK PERETTI, M 31. DATE FILED (Month, Day, Year) SEP 1 1 1991 Ju	D 32. REGISTRAI	E OF DEATH (IT	1 N	Print)	N S	CREE	T 1	BAL	CIMORE	MAR	YI.AN	D 21201

age 6 may be retained by the hospital or attending physician, **ORE, MARYLAND 21203-3146**

≥	Pag.
BALTIM	or reath
	Our aff
	hin
3146,	Putted with
×	he ave
O. B(nartificati
4	1
2	4
EC C	morning
AL	The law
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	III. LICEDITAL OD ATTENDING DUVELCIAN. The faw monitor
ISION	ATTENDING
É	90
	MOCDITAL
	S.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requirement of the continuence of the con

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH	CE	RITICALE	OF DEATH	REG. NO.						
	1. OECEDENT'S NAME (First, Middle, Lest) Carroll Middle ton 2. DATE OF DEATH MONTH DAY YEAR 12 50 A										
	4. SOCIAL SECURITY NUMBER 5. SEX	THPLACE (State or Foreign									
		2 G F 6 9		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	MD				
	9a. FACILITY NAME (If not ineffution, give street and n	umph)	96. CITY	TOWN OR LOCATION OF OR	ATH	9c. COUNTY OF	DEATH . / C/				
TOR	Mons Sector Hospital Daltmore Faitmorely										
DIRECTOR	10a. STATE 10b. DISUNTY 10c. CITY, OWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO.}\)										
FUNERAL	942 (1)h tout	re)		10f. ZIP CODE 2/2/	0	10g. CITIZEN O	WHAT COUNTRY?				
Š		DECEDENT EVER IN U.B. AR	MED 13. W	AS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No.— 14. RA	ACE — American Indian,				
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	n, Puarto Rican, atc.)		sck, White, etc.							
	15. DECEDENT'S EDUCATION 15. DECEDENT'S UBUAL OCCUPATION 15b. KIND OF BUSINESS/INDUSTRY										
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working Elementary/Becognary (0-12) College (1-4 or 5+)										
COM	TI. FRENCH'S NAME (First Middle Loot).										
H	DESCRIPTION FOR STREET OF CO.										
2	Mary Middleton 84 Boll Finder 1 21216										
	4 Donation 5 Other (Specify)	State Street ple	rision	FULST /	trank	LIVE OF	Town, State 1 Story				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	((2))	22.N	AME AND ADDRESS OF FA	THE COLOR	L. Ho	4217				
_	22 PART Fatte the disease of the	Cogn,	(. /	Well 191	you!	41) -	2/2/1				
	23. PART I. Enter the diseases, or compilications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition										
	resulting in desth) a.	Carcino m	QUENCE OFI:	Esopha	qus						
N	(2) Hy noxic encentral unathy										
AŢ	DUE TO OR AS A CONSCOUENCE OF): Party, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):	Jamy	WIAG						
CERTIFICATION	resulting in death) LAST										
	PART II. Other algorificant conditions contril	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
MEDICAL		PERFOR	MED?	AMULABLE PRIOR TO COMPLETION OF CAUSE							
ED					1 YES 2	THO	OF DEATH?				
- 1					70.00		1 TES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)										
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: OTHER: 4 Nursing Home 5 Realdence 6 Other (Specify)										
PHYSICIAN:	27. MANNER OF DEATH 284	B. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED					
ВУР	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO										
	3 Suicide 6 Could not be 286	 PLACE OF INJURY — At he building, etc. (Specify) 	ry, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
ETE	4 Homicide determined										
COMPLETED	29s. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
S S	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
BE C	296. SKRATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Morit), One. Mar)										
10	fug re	men		10183	127	9/	9/9/91				
	4660WILKE De Such 202 Belto 21229										
	SEP 1 1 1991	DEGISTRA'S SIGNATURE			(

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

S	ATE	OF	MA	RYLANI) /	DEP/	ARTI	MENT	0F	HEALT	H AND	MENTAL	HYG	SIENE
					CI	ERTI	FIC	ATE	O	F DE	HT		REG	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			NTAL HYGIENE REG. NO.		- 1004		
	1. OECEDENT'S NAME (First, Middle, Last)	14- MO	ry Nelso	n Mur	ray 2.	DATE OF DEATH DAY	9/ YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 577-28-54do	1 M 2' = F 7/	YRS. MON	UNDER 1 YEAR	HOURS MIN.	DATE OF BIRTH (Month, Pay, Year)	Wash	ington, DC		
TOR	90. FACILITY NAME (If not institution, give ste ANNE ARUNGE) MESIDENCE OF DECEDENT	edical CENT	er A	UNApo	R LOCATION OF DEATH		ANNE F	Peundel		
DIRECTOR	MD Montg	omery County		ver Sp			10d. INSIDE CITY LIMITS? 1 YES 2			
FUNERAL	3302 Hampton Poil	nt Drive	101.	ZIP CODE 20904		10g. CITIZEN OF WHAT COUNTRY? USA				
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	If yes, spe	ENDENT OF HISPANIC Codity Cuben, Mexicen, Po 2 NO Specify:		fee or No— 14. RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. OECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mod ired.)		Postal	Depart	nent		
NO	17. FATHER'S NAME (First, Middle, Last)		Retire	a	10. MOTNER'S NAME (
BEC	George Elliot Mu	urray			Edith Ma	ay Welch				
2	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural Route					
-	Brette Murray	Son			Point Driv					
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	oval from State	PLACE AND DATE OF emetary, crematory or o		(Name	DATE 20c. LOCA	ITION — City or To	wn, Siate		
	FUNCTED FUNERAL SERVICE LIC	Roanld Wa			. Baltimor	State	Anatomy			
	23. ART I. Enter the disease, or cahock, or heert failure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Respin	och line.	anter the mo	de of dying, auch ea	a cardiac or reapira	itory arreat,	Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	CL) & R	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF:	i pan	dy sis	2,3				
BY PHYSICIAN: MEDICAL C	PART II. Other algoriticant condition CHF Renal	1/ 2/	00	ha underlying		1 L 24e. WAS AN A PERFORM	ED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Check	only one)				
Sic	EXAMINER?	HOSPITAL: 1 Impatient 2 ER/Outpo		THER: Nursing Hom	e 5 🗆 Residence 6 🗆	Other (Specify)				
Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	URY AT 28 RK? YES 2 NO	d. OESCRIBE HOW IN	JURY OCCUREO			
	a C autota 1 256 PLACE OF INJURY — At home form street factors office 1 26f LOCATION (Street and Number or Dural David N									
COMPLETED	onel	CIAN: To the best of my knowl						e) end manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Front ?	n-0		29c, LICENSE NUMBER	R	29d. DATE SIGNED	(Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WH	V- Friend	N (ITEM 27) (Type, Pri	Ric	dgely	Are ,	may	oulis, wo		
	SED 1 11001	32. REGISTRAR'S SIGN	A				1	,		

BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

91-5086-033 FOR - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR		CE	:RHF	ICATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. T	ME OF DEATH
	WTI.T.TAM		M	CKE	EVER JI	,	-11		EAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	hirthran	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1991		
	577-74-0866	1 [M 2 [F	35	YAS.	MONTHS DAYS	HOURS MIN.	8/31/195	/31/56	Country)	E (State or Foreign
			33	ins.				ngton, D.C		
œ	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF D	9c. COUNTY	OF DEATH			
Ö	6105 WALTON			CAN	VCE C	GEORGE				
ទ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								TOL	HOROL
DIRECTOR	100.000111			10c. CIT	Y, TOWN OR LOCA	TION			10d.	INSIDE CITY LIMITS?
	District of Co	olumbia		W	Jashing	ton				YES 2 NO
¥	10e. STREET AND NUMBER				10	. ZIP CODE		N OF WHAT	COUNTRY?	
E	1416 T Street,	S.E.				20020		Ilnit	had (States
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. ARM	MEO .	13. WAS DEC		NIC ORIGIN? (Specify Ye				
-	1 🔀 Never Married 2 🗌 Married	FORCES? '	YES 2 N	0	If yes, sp	ecify Cuban, Maxic	en, Puerto Ricen, etc.)			merican Indian, Ia, etc.
B	3 Widowed 4 Divorced	120, 0.12 12	OHDATES		1 U YES	2 XNO Speci	Ty:	1	Black	
COMPLETED	15. DECEDENT'S EDUC	ATION	18a, DEC	EDENT'S	USUAL OCCUPATION	ON .	18b. KINO OF BU			
	(Specify only highest grade c		(Gh	e kind of a	work done during mo	st of working	IBU. KINO OF BU	SINESS/INOUS	IHT	
2	1	Year	, IIn	OMD	loyed		No	n 0		i
Σ	17. FATHER'S NAME (First, Middle, Lest)		1 011	emp	Toyeu					
						,	AME (First, Middle, Maider	,		
BE	William McKee	ver, Si					orence M			
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox		ide)	
_	William McKeev	er, Sr.	. 1	416	T Stre	eet, S.	E. Wash.	D.C.		
	20a. METHOD OF DISPOSITION **Disposition 3 Ramon		20b.PLACE A	ND DATE	OF DISPOSITION (Na	me of	OATE 20c. LC	CATION City	or Town, St	late
	4 Donation 5 Other (Specify)	rai from Stata	Codar	natory or of	ther place)	- Uill	9/10 Su			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE O	ICEUAL	111	22. NAME AI	ID ADDRESS OF FA	VCILITY	Itlan	C, M.	aryrand
	No T	11	-		Ster	vart Fu	neral Ho	me		
	John I	(Nes)	uant,	ПТ	4001	Bennin	g Road,	N.E.	Wash.	D.C.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		OR AS A CONSEQUENCE OR AS							Onset and Death
	resulting in death) LAST d.									- 1
	PART II. Other aignificant conditions	contribution to	doeth hut not a	andal I						
록∥	TAIL II. Otto III III III CONGRIONE	contributing to t	beath but not re	aulting i	n the underlying	cause given in	Part I. 24s. WAS AN			AUTOPSY FINDINGS ABLE PRIOR TO
ă							\T\(\frac{1}{120}\)	NO NO		LETION DF CAUSE
ΞI										YES 2 NO
ż										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (Ch	eck only one)			
S 1		HOSPITAL:	EB/Outpetlant 3	1004	OTHER:					
<u>₽</u>	27. MANNER OF OEATH	28a. OATE OF		28b. TIME			6 Other (Specify)			
	1 Netural 5 Pending	(Month, Der	y, Year)	INJ	URY WO	RK?	28d. DESCRIBE HOW I			
B	3 Aceldent Investigation			7:00		MOM.	DROWNED]	N SWI	MMIN	G POOL
<u> </u>	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF building, e	INJURY — At home	e, farm, s	treet, factory, offic		281. LOCATION (Street City or Town, State)	and Number or F	Rural Floute N	umber,
	nomicos ostarminad		DWE	LLIN	٧G			ALTON	IAVE	NUE
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	AN: To the best of n	my knowledge, deal	h occume	d at the time date	and place, and due	to the cause(s) and man			
≅ ∥	one) 2 MEOICAL EXAMINER:	On the basis of axe	amination and/or in	veatloatlo	n. In my polnion d	with occurred at the	time data and place or	d due to the e-		
ၓႃ				111		Tempocoura at the	time, data and place, an	d das to the ca	mee(s) and n	manner as atated.
BE	490. SIGNATURE AND TITLE OF CHIMPIER					29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month	n, Day, Year)
2	ell Hol					OCM	E	09	06	1991
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	E OF OEATH (ITEM	27) (Туре,	Print)					
	FRANIUS PER	E77/1	11 PEN	N ST	TREET	BALTIM	ORE, MARYI	AND 2	1201	
	31. DATE FILEO (Month, Day, Year)	32. REQISTRAR						2	1401	
	SEP 1 1 199	Julia	Davidson-V	andel						

TO THE CONTINE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

						DEATH							
1. DECEDENT'S NAME (First, Middle, Last)							2. DA	REG. NO			3. TIME OF DE	ATN	
THERESA	A			MURP	HY		MOI)[9]	79	Y591	13:45		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		A BIRTH	PLACE (State or		
023-14-4229	1 🗆 M 2 💢 F	75	YRS.	MONTHS	DAYS	HOURS MIN.	2(40	20-19:	16	Mass	achus	et.t.	
9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN OR LOCATION OF									TY OF DEATH		
NORTH ARUNDEL	HOSPITAL								A.A. COUNTY				
10a. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR LOCATION									10d. INSIDE CI	TV	
Maryland Anne	Arunde	1		M	T 1 1	ersvi1	16			i	LIMITS?		
10e. STREET AND NUMBER	212 41140	_			_	ZIP CODE	10		100 01	TIZEN OF V	WNAT COUNTRY		
8382 Oakwood	Road					2	110	Ω	1		State	•	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. V	NAS DEC	ENDENT OF NISPA					E - American in		
1 Never Married 2 National 3 Wildowed 4 Divorced	FORCES? 1	YES 2	NO	- 1	ī yes, spi	2 NO Speci	an, Puart	o Rican, atc.)	0 110-	Speci	k, White, atc.		
15, DECEDENT'S EDU	CATION	18a,	DECEDENT'S	USUAL OC	CUPATIO	N	Li	6b. KIND OF BU	SINESS //A	DUETRY			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done a	during mos	st of working	Ι.	ou. KIND OF BU	SINE 33/III	DOSTRY			
12	—		ırse				- 1	Nursi	ina	Home	2		
17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NA	AME /Fire						
Rartho1	0201-		-						Jurriame)				
19a, INFORMANT'S NAME (Type/Print)	Omew			unn	(Street e	nd Number or Rural	lle						
We Chantes D	M										\rm 0	111	
Mr. Charles D.	Murphy	20h DI 40	EANDDATE			d Road					MD. 2	7 7 (
1 Donation 5 Other (Specify)	ioval from State	cametery,	crematory or o	the place	TION (Na	me or	0/	TE 20c. LO	CATION -	- City or To	wn, State	MI	
	CENSEE	Maryland Veterans Cem. 9/1							CIO	WILSV	irre,	MI	
22. NAME AND ADDRESS OF FACILITY MC Cully Funeral Home of Pasadena													
3204 Mountain Rd. Pasadena, MD. 2112													
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) DUE TO\OR AS A CONSEQUENCE OF): Approximate interval as cardiac or reapiratory streat, Interval Between Onset and Destruction of the condition of the co													
Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.													
that initisted events resulting in death) LAST	DUE TO	(OR AS A CONS	SEOUENCE OF	F):									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
PERFORMED? 1 VES 2 NO DI											AMAILABLE PRIOR COMPLETION DE DF DEATH? 1 YES 2	CAUSE	
25. WAS CASE REFERRED TO MEDICAL					26 Pt /	ACE OF DEATH (Ch	not onto						
EXAMINER?	HOSPITAL:			OTHER	:								
27. MANNER OF DEATN	1) Inputtant 2 28a, DATE OF		28b. TIM		ing Nome 28c. INJU	5 - Residence							
1 Natural 5 Pending	(Month, De		INJ	URY	WOF	RK?	28d, DI	EŞCRIBE NOW II	NJURY OC	CURED			
2 Accident Investigation	280 Bt 405 O	T day of smart				ES 2 NO							
3 Suicide 8 Could not be determined	butiding,	OF INJURY — At home, farm, street, factory, offica atc. (Specify)					26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledge, amination and/o	death occurre	nd at the tin	ne, data i	and place, and due	fo the c	euse(s) and men	ner as sta	rted. ha cause(s)	and manner as	atated.	
2 MEDICAL EXAMINER: On the basts of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and n 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month													
Ash h	h /						36900 29d. DATE SIGNED (Month, Day, Year)						
11 11/1 01	-				1		-		- /	-			
30. NAME AND ADDRESS OF PERSON WN KRISTIAN K. STN	GAL M D	/1600	ГЕМ 27) (Туре, СВАТМ	Print) HTCH	WAV				RNTF	MAT	SALVID	201	
30. NAME AND ADDRESS OF PERSON WN KRISTIAN K. SING 31. DATE FILED (Month, Day, 1981)	GAL, M.D.	F OF DEATH (IT	CRAIN	Print) HIGH	WAY.				RNIE	, MAF	RYLAND	201	

DHMH-18 Rev 1/89

F.E.H.

3 should

permit

burial-transit

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-frai		
attendin	ise as th		
pital or	ed for u		
the hos	detach		once.
ined by	hould be		fled at
be reta	age 5 s		De not
6 тау	ctor, pa		nust t
. Page	eral dire		liner
er death	the fun	val.	l exan
ours aft	in by	or remo	nedica
in 24 h	shy filled	nation,	the r
ed with	amplet	al, crem	event
execut	n and	to burn	umatic
ficate by	physicia	ne prior	er tra
th certif	ending	I Hygier	or oth
the deal	the att	Menta	njury,
s that i	ned by	alth and	any
require	Deen Sig	. of He.	shows
The law	e has t	te Dept	m 23
ICIAN:	ertifical	the Sta	or Ite
3 PHYS	er this c	th with	arked,
LENDIN	OR: Afte	her dea	8 Is m
OR AT	DIRECT	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL	NERAL	hin 72 I	NT: II
THE HO	THE FU	lied with	PORTA
2	2	90	Ē

TO THE F TO THE F be filed v

BE

2

24597 per F.H & ME /20/91STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Item; 1, G-679, 9, FOR G-679 STATE G-679 REGISTRAR TED 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Marshall MARSHALL LUCAS 9 1991 08:00 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1)(XM 2 | F 577-70-4423 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH COLVIN STREET DIRECTOR 125 APT.4G BALTIMORE CITY RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY JOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO FUNERAL 10e. STREET AND tot. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21202 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)

t YES 2 NO Specify: 2 Married ORCES? 1 TYES 2 YES, GIVE WAR OR DATES FORCES? 1 Never Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUISTRY (Give kind of work done life. Do NOT use retired.) ntery/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE 19b. MAILING ADDRESS (Street and Num 'S NAME (Type/Print) 9 must be 20a. METHOO OF DISPOSITION
1 Burlal 2 Cremation 3 R.
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Ne 20c. LOCATION DATE mater medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY butskieg ero 23. PART I. Enter the diseases, or compileations that caused the death. Do not sater the mode of dying shock, or hear failure. List only one cause on each line. such as cardiac or Approximsta interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition STAB MULTIPLE resulting in death) or other traumatic event, (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? YES 2 NO 1 YES 2 NO Item ? 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: I XYES 2 NO t 🗌 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 4 Nursing Home 5 X Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28 Is marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t 🗌 Natural 5 Pending UNK M 9-7-1991 t 🗌 YES SUBJECT STABBED BY 2 X NO 2 Accident Investigation 28e. PLACE OF INJURY — At h building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined RESIDENCE 25 COLVIN APT 29a CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, 2 XMEDICAL EXAMINER: On the investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year)

O.C.M.E.

901 MO MARIO 111 PENN STREET BALTIMORE, MARYLAND 21201

31. DATE FILED 182, REGISTRAR'S SIGNATURE 199

OHMH-16 Rev 1/89

9-7-1991

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPAI	RTMENT OF HEALTH AND FICATE OF DEATH										
	1. DECEDENT'S NAME (First, Middle, Last)			REG. NO.	2 THE OF PEATH								
		. Melchio	r Sr.	Sept. 7,	1991 7:35 p.								
	4. SOCIAL SECURITY NUMBER 215-14-8163 1 □ M 2 □ F	6. AGE (In yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept 6, 1	9.19 BIRTHPLACE (State or Foreign Country) Maryland								
۱ "	9a. FACILITY NAME (If not institution, give street and number)	C	9b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF DEATH								
DIRECTOR	College Manor Nursing	Home	Luthery	ille	Baltimore								
l m	10a. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LOCATION		10d. INSIDE CITY								
	Maryland		Baltimore (City	1 X YES 2 NO								
FUNERAL	10e. STREET AND NUMBER	10g. CITIZEN OF WHAT COUNTRY?											
N N	6008 Bertram Avenue			21214	United States								
BY FU	1 Never Married 2 X Married FORCES? 3 Widowed 4 Divorced IF YES, GIVE	NT EVER IN U.S. ARMED 1 X YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 — YES 2 NO Specify	en, Puerio Rican, etc.)	Black, White, atc.								
	15. DECEDENT'S EDUCATION	WW II	USUAL OCCUPATION	165 KIND OF BUS	White White								
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or s	(Give kind of life, Do NOT u	work done during most of working se retired.)	No. KIND OF BOX	MICSS/MDOS I NT								
MPI	12 3	Acco	untant Ret.										
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Maiden	Surneme)								
BE	Charles B. Melchior 19a. INFORMANT'S NAME (Type/Print)			sie Pyle									
٩	Hazel E. Melchior	196. MAJLING	ADDRESS (Street and Number or Aura D8 Bertram Avenue	Baltimore	n. State, Zip Code) , Md. 21214								
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramoval from Stata	cemetery crematory or of	OF DISPOSITION (Name of their place)		CATION — City or Town, Stata								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Wiseburg	<u>Cemetery 9/11/9</u>		iseburg Maryland								
	Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Road												
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximete												
	interval Betwee Onaet and Deat Onaet Onaet and Deat Onaet												
×	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.												
HTIF	that initiated evente DUE To reaulting in deeth) LAST	O (OR AS A CONSEQUENCE O	F):										
	PART II. Other aignificant conditions contributing to	death but not consider											
MEDICAL	Insulin De	pendent	Diabeta Me	PERFORI	MED? AVAILABLE PRIOR TO								
					1 TES 2 NO								
AN	25. WAS CASE REFERRED TO MEDICAL												
Sic	EXAMINER? HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	28. PLACE OF DEATH (C.										
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE O	INJURY 28b. TIM		6 Other (Specify) 28d. DESCRIBE HOW IN	LIURY OCCURED								
ВУБ	1 Netural 5 Pending 2 Accident Investigation	Day, Year) INJ	M 1 YES 2 NO										
COMPLETED E	3 Suicide B Could not be 28a. PLACE	d not be 28a. PLACE OF INJURY — At home, tarm, streel, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number,											
P.E	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.												
OM	one) AMINER: On the beele of	xemination and/or investigation	n, in my opinion, death occured at the	time, date and place, and	ner as stated, I due to the cause(s) and manner as stated,								
	296. SIGNATURE AND FILE OF CERTIFIER		296. DICENSE NU		29d. DATE SIGNED Month, Day, Year)								
TO BE	alle	9-	1019	1423	· 9/10/91								
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL	SE OF DEATH (ITEM 27) (Type,	Print)		77.01								

Russell Morgan Building

Edward M.

Miller

Dr.

Baltimore, Maryland

which we have been proportioned

and the second of the second

made Esmi

1 28

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	ν
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending provident	may be retained by the hospital or attending physician	
A	or, page 5 should be detached for use as the burner here. Pages 1, 2,	2, 3 sh
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	を記載	
IMPORTANT: II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ist be notified at once.	

	HEGIOTAAN			0		IVALL	_ 01	DLA			HEG. NO.				
i	1. DECEDENT'S NAME (First,		ROL WILM	A MTILED)		T.	11		2. DATE MONTH	OF DEATH	19		TIME OF DEATI	н
	4. SOCIAL SECURITY NUMB		S, SEX	6. AGE (In yrs. ia)		IF UNDER	1 YEAR	IF UNDER	1 24 HBS	7. DATE	OF BIRTH			ACE (State or For	mian
	217-34-6758		1 M 2 XF	54	YRS.	MONTHS	DAYS	HOURS	MIN.	06-22-193		37	Country) Waryk	and	
	9a. FACILITY NAME (If not in			34		9b. City, TOWN OR LOCATION OF DEATH					22 17				
- 1	Francis Sco		This said and a second	Contan	,										
2	RESIDENCE OF DEC		y mearca	cene		Baltimore City							_	_	_
DINECTOR	Maryland	106. COUNT	r timore			ty, town on Location Pundalk						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10e. STREET AND NUMBER							f. ZIP COD	E	-		10a, CITIZE		AT COUNTRY?	
LONEUAL	8042 Mid Ha	aven R						2122	_			US			
ă	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo	IT EVER IN U.S. AF YES 2 MAR OR DATES	PMED WO		If yes, s		ın, Mexica	n, Puerto I	? (Specify Yes Rican, etc.)	or No—	4. RACE — Black, V Specify:	American India White, atc.	m,		
נונה		EDENT'S EDU		16a, Di	ECEDENT'S	USUAL O	CCUPATI	ON ost of worki		18b	KIND OF BU	SINESS/INDU			
	Elementary/Secondary (0		College (1-4 or 5	+) #	. Do NOT L	use retired.)			ng						
	GED			Ph	avma	cist	Ass	it.			Drug C	ity			
THIO	17. FATHER'S NAME (First, M										Middle, Maiden				
	Frederick 1	R. Foy	, Sr.					Ve	rgie	. Mar	ie Dru	mberg			
	19a, INFORMANT'S NAME (7			15							ber, City or Tow				
	Robert W. N	liller	, Jr.		8042	Mid	Hau	ien R	oad,	Bal	timore	., MD	2122	22	
	20e, METHOD OF DISPOSITI	n 3 🗆 Rem	noval from State	20b. PLACE of gemelary Oak	e and date y, cremator Lawn	or other Cem	eositioi place) ete	N (Name		9/	10 Ba	cation — ci			Ţ
	21. SIGNATURE OF TUHERA	L SERVICE LI	CENSEE	20	1	22.	NAME A	ND ADDRE	SS OF FA	CILITY					
	· (ho	Lan	V. Es	h							e Home . Balt			lk, Inc 21222	
CERTIFICATION	Sequentially list conditions, if sny, laading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that inlitted evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
5			d											+ -	
TEDICAL	PART II. Other algnifice	ent condition	ns contributing to	deeth but not	resulting	In tha u	nderlyli	ng ceuse	given in	Part I.	24a. WAS AN PERFO	RMED?	C	VERE AUTOPSY FI MAILABLE PRIOR COMPLETION OF (OF DEATH?	TO CAUSE
.													100		
PHISICIAN	25. WAS CASE REFERRED T	O MEDICAL					26. 1	PLACE OF	DEATH (Ch	eck only or	10)	. 7			
2	EXAMINER?		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 00A	OTHE	R:	me 5 🗆 A							
	27. MANNER OF DEATH		28a, DATE O	F INJURY	28b. TI	ME OF	28c. IN	JURY AT			SCRIBE HOW	INJURY OCCU	URED		
		Pending Impetiontion	(Month,	Day, Year)	1	IJURY M		ORK? YES 2	□ NO						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined					, street, fac	ctory, off	ce			CATION (Street or Town, State		or Rural Rou	ite Number,	
COMPLEIED		TIFYING PHYS	SICIAN: To the best of	of my knowledge, d	leath occu	rred at the	time, da	and plac	e, end du	to the ca	use(a) and ma	nner as state	d.		
5	one) 2 MED	HCAL EXAMIN	ER: On the beals of	examination and/o	r investigat	lion, in my	opinion,	death occi	ured at the	time, data	and place, as	nd due to the	cause(a) a	and manner as s	tated.
2	29b. SIGNATURE AND TITLE	and L	Curp	PAD				29c. LIC	D 16	MBER 58	7	29d, DATE	SIGNED (A	Agrith, Day, Year)	
2	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CAN	JSE OF DEATH (IT	EM 27) (Ty)	oo, Print)	Par	1	2/	#	רת	R.B	n. m	024239	7
	31. DATE FILED (Month, Day,			AR'S SIGNATURE	70	K F	wi	My L	JUNA,	771	UT,		ارار	ן כיאוע	

Armen goods or any femoral.

×

de la

But (Juny 1 . 120) Lord Face. Red # 157 Ead to 12 4 57

ŧ		ē
ŧ		Ħ
ŀ		8
l		듬
		al examiner must be notified
2		ä
		ust
		E
ì		9
		E
	-i	ex
	8	ça.
	ē	Pa G
3	0	E
	tion	the state
-	ша	÷.
Ĺ	5	ě
3	nai,	9 3
3	2	at
3	9	5
5	Pi-	E
	9	Per
2	ygie	6
5	T Ta	6
í	ent	5
	N P	重
5	9	=
	at	8
5	ž	3
2	.0	55
3	Dep	S
237	ate	E
3	Si	E
Š	£	0
2	ŧ	9
1	=	Jar
Ē	de	S
5	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If isen 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at on
S	5	E
5	100	ite
Į	EV	=

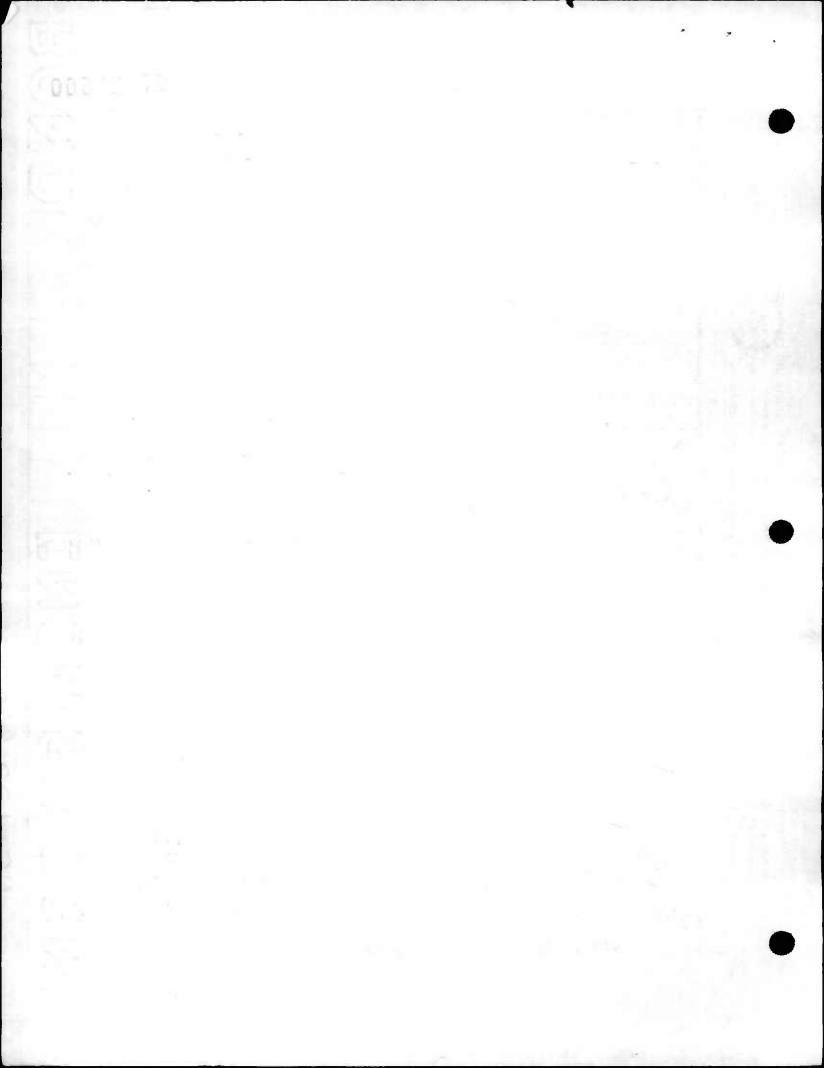
IMPORTANT:

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN REG. NO		1 2	4600	
	1. DECEDENT'S NAME (First, Middle, Last) LOLA ROSE MEALEY	-							MONT	0F OEATH		YEAR 3.	TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 220-42-7540	5. SEX	6. AGE (In yrs. let 78	st birthday) YRS.	SF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH	8. BIRTHPLACE (State			
TOR	9a. FACILITY NAME (If not institution, give s 7618 Maple Road			Dunc	on LOCAT	ON OF DE	ATH		Baltimore					
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Ba	ltimore		10c. CIT	v, rown		TION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 7618 Maple Road				10	1. ZIP COD 21 2					ted S	tates		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	RMED NO		If yes, sp		an, Mexica	n, Puerto	t? (Specify Ye Rican, etc.)	s or No	14. RACE — Bleck, W Specify:	American Indian, Thite, etc. White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th grade	CATION completed) College (1-4 or 5	+)	ECEDENT'S Give kind of a. Do NOT u	work done se retired.)	during me	ON ost of work	ing	16b	Home	SINESS/IND	USTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) John Wesley Moon	le					18. MOTHER'S NAME (First, Middle, Meiden Surneme) Sarah Jane (Maiden name not kno							
TO B	190. INFORMANT'S NAME (Typo/Print) Michael R. Whale	en			AILING ADDRESS (Street and Number or Aural Acute Number, City or Fown, State, Zip Code) 4 Towering Oaks Ct. Glen Burnie, Md. 21								1 061	
	29a. METHOD OF DISPOSITION 1X Neurola 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) Boll Ain Momorial Ph 9-10 BollAin. Momorial Ph										Mar	Maryland		
	21. SIGNATURE DE FUNERAL SERVICE LICENSÉE D'U d'A-RUCK Flin Étal Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Md. 21222													
	23. PART I. Enter the discesses, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or reapiratory arreat, abock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DE NO CARCINOMA OF LUNG DUE TO (OR AS A CONSEQUENCE OF):												Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST													
اب	PART II. Other eignificent condition	resulting	In the u	nderlyir	ng cause	given in	n Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			A) C)	ERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO			
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	3 🗆 DOA	OTHE	R:	PLACE OF									
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	IN	D. TIME OF 28c, INJURY AT WORK? M 1 YES 2 NO					e 6 ☐ Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED						
ED	3 Suicide s Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At h	ome, farm,	street, fa	ctory, offi	ce			CATION (Street or Town, State		or Rural Rou	te Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the basis of					death occ	ured at the	time, dat		nd due to th	e cause(a) a		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Delle HO COMPLETED CA	S DEATH OF	FM 27) (5	a Print) 4	1	29c. LI	110	SY	/	≥ 9d. DAT	signed (N	forth, Day, Year)	

1012

1012 dd Do 32. REGISTRAR'S SIGNATURE 91 Filia Jeindan

DHMH-16 Rev 1/89



29b. SIGNATURE AND TITLE OF CERTIFIER

220

31. DATE FILED (Month, Day, Year)

suceu

PARK

1991

leham

32. REGISTRAR'S SIGNATURE

CIGHT3

HVEI

0

30. NAME AND ADDRESS-OF PERSON WHO COMPLETED CAUSE OF DEATH ATEM 27) (Type, Print)

BE

2

	c,		
	Jes 1,		
	r. Pa		
	Dermi		
	nsit p		
siclan	al-tra		
Ę.	pring a		
nding	as th		
r atte	nse s		
da o	100		
hosp	ache		ce.
/ the	e del		ft on
ed b	d blu		e pa
retain	5 sho		notifi
8	age		De 1
e ma	ctor, p		nust
Page	direc		D Ja
ath.	nera		amlu
er de	the fu	Naj.	al ex
rs aff	u by	remo	dlea
4 nou	lled i	n, or	E III
SIGIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atter	tely fi	табо	t, th
d with	mple	Ces.	even
ecute	nd co	burial	atte
De ex	ian a	2 0	Bum
cate	hysic	e pric	er tr
certif	fing (ygien	ŧ
eath	attend	ıtal H	y, or
the d	the	1 Me	Injur
that	ed by	th and	any
nires	sign	Hear	SMC
w req	peed	H 01	as S
hela	B has	e Dec	m 2
AN	ificat	Stat	rite
YSICI	s cert	中中	0, p
G PH	er this	th wi	Jarke
NON	R. After	ir dea	ST
ATTE	ECTOF	's afte	1 28
HOSPITAL OR ATTENDING PHYS	PAMERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
PITA	ERAL	In 72	1111
至	5	팋	TAN

91 24601 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Marquardt Marian 9-9-1991 7:17 A 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 085-22-1958 1 M 2 XF 62 8-4-1929 Rochester, N. Y 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Pikesville Nursing Home Pikesville Baltimore RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Pikesville 1 YES 27 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101 ZIP CODE 8044 Milton Ave. 21207 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Ri
1 YES 2 NO Specify: 1 Never Married 2 Married BY White 3 Widowed 4 Divorced ED 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of FT Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL High School Teachers Alde Balto. County Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Thomas Baker Emma Balling BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Walter C. Marquardt 8044 Milton Ave. BAlto.Md. 21207 20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State 1 Burial 2 X Cremation 3 Removal from State Green Mount Crematory 9-10-91 4 Donation 8 Other (Specify) Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton FUneral Home, INc. 2134 WIllow Spring Rd., Balto, Md. 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** ASPIRATION disesse or condition resulting in deeth) NEUMONIA DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? SEVERE CREIMERE 1 | YES 2 | 10 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER 1 TYES 2 NO etient 2 - ER/Outpetient 3 - DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 | Platural
2 | Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED. 8 Could not be 4 Homicide determined CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

140 21208

ONMN-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

MCTTO.

YEAR

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS,

2. OATE OF OEATH MONTH 7 59 8 OLA MAE PERRY 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 146-28-4791 DAYE HOURS 1 M 2 X F YRS. 70 6-6-1921 ELLAVILLE. GA permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATN 96 COUNTY OF DEATH BALTIMORE CMXXCITY DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY BALTIMORE CITY MD 1 XYES 2 NO 10e. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? FUNERAL 10f ZIP CODE 1400 EAST MADISON ST. APT. 14 funeral director, page 5 should be detached for use as the burial-transit USA. 21205 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexican, Puerio Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY 3 X Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondery (0-12) NURSING ASSISTANT 17, FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sumame) Te SULTON C. PERRY BESSIE LOU LAWSON notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ADOLPHUS WILSON 7622 YELLOW BLUFF PANAMA CITY FLA. 32404 pe 20a. METHOD OF DISPOSITION
1 XBuriel 2 Cremetion 3 A 20b. PLACE OF OISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State must ARBUTUS CEMETERY 4 Donetion 5 Other (Specify) ARBUTUS, MARYLAND 21, SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223 P.O. BOX 4433 filled in by the fi medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Batween Onast and Death IMMEDIATE CAUSE (Final has been signed by the attending physician and completely fille to bet, of Health and Mental Hygiene prior to burial, cremation, in 23 shows any Injury, or other traumatic event, the disesse or condition arreal-Cardias HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremativity has the second or them 28 is marked, or item 23 shows any injury, or other traumatic event, the resulting in death) DUE TO (OR AS A CONSEQUENCE OF): esperatory CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Anemia Airway CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF); resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 _ YES 2 _ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 🗆 Nu ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 W Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 6 Could not be determined 4 🔲 Homicide 29e. CERTIFIER

1 CERTIFYING Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Britari in & 26594 1819 2 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHURCH HOSPITAL CORPORATION July Day Sens Jan S Sport See BALTIMORE MD 21231 Boaha BROADWAY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

VEAD

199

9c. COUNTY OF DEATH

Prince George

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

3. TIME OF DEATH

12:55

10d. INSIDE CITY

14. RACE - American Indian, Black, White, etc.

Specify: Black

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

PM

REG. NO.

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

	7
_6	
9	
2	
8	
4.5	
4	
×	
_	
\mathbf{C}	
-	
BOX	
_	
0	
$\mathbf{\mathcal{C}}$	
- *	
P.0	
_	
-	
S	
9,	
\cap	
_	
000	
~	
\sim	
()	
-	
ш	
3ECC	
Œ	
-	
_	
-	
•	
_	
THE R. LEWIS CO., LANSING	
-	
-	
2.4	
Me	
0	
~	
_	k
2	٩
-	
63	
-	
100	
(C)	

September 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1/29/16 IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE 1 M 2 K F 75 579-34-0182 YRS. page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should as. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Doctors Community Hospital DIRECTOR Lanham RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Prince George's Glenn Dale FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10883 Brookland Rd. 20769 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, stc.)
1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe 16b. KIND OF BUSINESS/INDUSTRY Ē Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 7th Domestic Cleaning 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 듇 John Tabbs Alice Banks notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anita P. Braswell 8003 Carey Branch Dr., Ft. Wash., Md. 20744 24 hours after death. Page 6 may be å 20a. METHOD OF DISPOSITION
1 № Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 9/9/8^{AJE} Ch. Cem. must 1 Striel 2 Cremation 3 L 4 Donation 5 Other (Specify) completely filled in by the funeral director, rial, cremation, or removal. Dale Meth examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H.S.Washington & Sons, Inc. 4925 Burroughs Ave., N.E. au the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition HRONIC within event, reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) executed in and corr to burial, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician ntal Hygiene prior to certificate be ceuse. Enter UNDERLYING CAUSE (Disease or Injury other i thet initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 6 ms certificate has been signed by the atter Injury, PHYSICIAN: MEDICAL PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying capse given in Part I. that shows any 1004364 requires tination 23 25. WAS CASE REFERRED TO MEDICAL The Hem 26. PLACE OF DEATH (Check only one) HOSBITAL: OTHER 1 TYES 2 TAK OR ATTENDING PHYSICIAN: e 5 🗆 Residence 6 🖂 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Morey, Day, Year) 28h. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED T Ketural ВУ T YES 2 NO After the death 2 Accident TO THE HOSPITAL, OR ATTENDAME
TO THE FUNERAL DIRECTOR AND
DE filed within 72 Pours after osa
IMPORTANT: If Item 28 is m 28s. PLACE OF INJURY -- As home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 | Homicide 1 CERTIFYING PHYSICIAN: To death occurred at the time, date and place, and due to the ceuse(x) and manner as stated occured at the Time, date and place, and d 2 WHO COMPLETED CAUSE OF DEATH (ITEM William D. Rosson 5701 85th Avenue New Carrollton. 20784

1991 32 RESISTAN DEISHOTUNE Randall

CERTIFICATE OF DEATH

20c. LOCATION - City or Town, State Glenn Dale, Md. Approximete interval Between **Onaet and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 28f. LOCATION (Street and Number or Rurel Route Number City or Team States) 9 DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Leat)

Edna T. PLATER

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ieen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be Agaga Elegt, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DE VITAL RECORDS, P.O. BOX 68760,	The un requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this property of the attending physician and completely filled in by the be filed within 72 hours after death with the State defet, of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF WILL	TO THE HOSPITAL OR ATTENDING PHYSICAL	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with the State	IMPORTANT: If Item 28 is marked, or ite

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H	IEALTH AND M	ENTAL HYGIEN	E 91	24004			
	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH			
		ARGARET		EKUT	(2. DATE OF DEATH MONTH 07	91	01:10 PM M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	at a man a m					
	216 10 3540 9e. FACILITY NAME (If not institution, give st	1 1 1 1	75 YRS.			4/6/1916 Maryland					
FUNERAL DIRECTOR	NORTH ARUNDEL HOS		CIATION	GLEN I	BURNIE	тн	9c. COUNTY	A. COUNTY			
REC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY			
₫		e Arundel	Pa	sadena		LIMITS?					
AAL	10e. STREET AND NUMBER			101	. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?					
NE	2963 Crystal Pa				21122		U.S.	.A.			
3	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 NO	13. WAS DEC	ENDENT OF HISPANIC ecity Cuben, Mexicon,	ORIGIN? (Specify Yee Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.			
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TYES	2 NO Specify:			Specify: White			
E	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUS				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	vork done during mo e retired.)	st of working						
P P	12th Grade		Execut	ive Secr	etary	Westin	ghouse	9			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden	Sumeme)				
BE		harles W.				Loetz					
5	190. INFORMANT'S NAME (Type/Print)					ute Number, City or Town					
	Charles Bowers		222	Dale Roa	ıd Pasa	dena, Mar	yland	21122			
	20e METHOD OF DISPOSITION 1X Burlal 2 Cremetton 3 Remo	oval from State	20b. PLACE AND DATE Cometery, crematory or of	her place)		100		r or Town, Slate			
	4 Donetion 5 Other (Specify)	BNS FF	New Catheo		etery ID ADDRESS OF FACIL	9-10 Bal	timore	e, Maryland			
	000	2	Y			e Funeral	Home	P.A.			
	- Kuka	NY	Some	4001	Ritchie H	Wv. Balti	more,	Md. 21225			
	23. PART t. Enter the diseases, Dr c. ahock, Dr heart fellure. L	omplications that callst only one cause	used the death. Do non each line.	ot enter the mo-	de of dyling, such a	ss cardiac or reapir	atory srrest	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	11				,		Onest and Death			
	resulting in desth)	17874	+STATIC	- AR	-FNO14	of Lux	6-	HONTHS			
_1		DUE TO (OR	AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEDUENCE OF	n:							
§ I	cause. Enter UNDERLYING			,							
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF):							
	resulting in death) LAST										
	PART ti. Other algnificant conditions	contributing to de	th but not resulting is	n the underlying	course share in De						
CAL		Cerser		Acco	cause given in Pa	ort I. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDI	Discussion 1/2	- Par	THE WAY	2.	24	1 🗆 YES 2	NO	OF DEATH?			
4.4	Harafie Him	27 11534	55 with 1	1-5715720	Vacues	- 1		1 - YES 2 - NO			
¥	25. WAS CASE REFERRED TO MEDICAL	12	roxysmic)	TTREAC	ACE OF DEATH (Check	21XV					
Sic	EXAMINER?	HOSPITAL:	(Outpetlant 3 DOA	OTHER:							
PHYSICIAN	27. MANNER OF DEATH	280. DATE OF INJ	URY 28b. TIME	OF 28c. INJU		Other (Specify) 6d. DESCRIBE HOW IN	JURY OCCUR	FD			
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar) INJU		RK? 'ES 2 NO	20 1800018 120.00					
	3 Suicide 8 Could not be	28e PLACE DE IN HIGH. At home feet which feet will									
H	4 Homicide determined	bulleting, with	(Specify)			City or Town, Stete)					
2	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, death occurre	d at the time, date	end plece, end due to	the ceusele) end mann	or on stated.				
COMPLETED	one) 2 MEDICAL EXAMINER	On the beels of exemi	nation end/or investigation	n, in my opinion, de	eath occured at the firm	ne, date end place, end	due to the ce	ruse(s) and manner ee stated.			
	29b. SIGNATURE AND LITTLE OF CERTIFIER		1.		29c. LICENSE NUMBE			GNED (Month/Day, Year)			
BE C	Ozus.		- M.D	,	D 199	91	19/	6/91			
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	Print)	4-1//		-4	6/1/			
	DAVID ROSE, M.D./	200 HSOPIT	AL DRIVE,	#500/GLE	N BURNIE,	MARYLAND	2106	<u>51</u>			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE Randall								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	detach	The Michigan of the Michigan of the Michigan of Medical Hydrone prior to burial, cremation, or removal.	*IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
9	9		to
Ded	pino		led
retai	S		otif
2	age	•	96
E	0,0		181
ge 6	rect		Ĕ
P	Pa d		Ine
death	fune		ехаш
after	v the	BOVA	Ea
UIS S	9	Ten	ed
4 ho	Filled	n, 0	E
hin 2	itely 1	matio	f, #
ed wi	omple	al, cre	ever
ecut	pul	bun	atic
e eq	lan a	or 10	Bum
ate	Mysic	pric :	or tr
ertific	00	giene	othe
th co	endi	H	10
dea	le att	Aenta	uπ,
it the	by th	nd h	Ē
s tha	Den	th a	an)
puire	Sign	Hea	DWS
W rec	peed	f. of	5
e la	has	Dec	n 23
E S	cate	State	ten
ICIA	ertif	the	10
HYS	this (with	ked
NG	fter	eath	mar
END	R: A	p Je	- 10
ATT	EG	s aft	n 28
OR.	DIR	hour	ten
PITAL	RAL	72	# 3
HOS	FUNE	withir	AN
THE	7	led	S
2	2	20	3

Erik Russell,M.D.,

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAF ERTIF	ITMEN	T OF H E OF	IEALTH DEAT	AND 1		IYGIEN REG. NO.	E	1 2	4605
	1. DECEDENT'S NAME (First, Middle, Last)		FEIFER						2. DATE OF MONTH	DEATH D	AY	YEAR 3.	TIME OF DEATH
	Marie 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	· Brank almost	- mane	V-1-			eptemb		19	991 B:	30 a.m. M
	214-24-1804	1 M 2 F	9 0	YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF	1.7°/ 0	1	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s				9b. CIT	Y, TOWN C	OR LOCATIO	ON OF DE				NTY OF DEAT	-
OR	Franklin Squar	e Hospi	tal				ore,					timore	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Inc. CIT		OR LOCAT					LDali		
DIR	Md. Balt	imore			1, 14	011 20	TON .						Dd. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	4 Juxson Ct.						2123	36			U.	S.A.	
FU	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES? 1	T EVER IN U.S. ARM	MED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN? (S	pecify Yea	or No-	14. RACE — Bleck, W	American Indian, thite, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 NO	Specify	y:	n, www.y		Caru	
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DEC	CEDENT'S	USUAL C	OCCUPATIO	ON		16b. KIN	D OF BUS	SINESS/IND		
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5 +	life.	Do NOT us	se retired.)	during mo:	at of working	g					
COMPLETED	Unk.	Unk.	С	ler	K							altim	ore
	17. FATHER'S NAME (First, Middle, Last) John Neuner								ME (First, Midd				
BE	19a. INFORMANT'S NAME (Type/Print)		19h	MAILING	ADORES	D /Comet e			Elizal				
٤	Mary Helen Sch	neider				onCt			timor				
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remo		20b. PLACE AI	ND DATE	OF DISPOS	SITION (Na	_		DATE			City or Town,	
	4 Donation 5 Other (Specify)		Oak crem	Lawi	ner place)	ėm.			9/6			ore,	
	21. SIGNATUBLIA, PUNERAL BERVICE LIC	10 h	ask	//	3 B.	Dab	rows	ki J	z. Ba	1tim	ore,	ltimor Md. 2	
N		Acute Ex	se on each line.	ion c	of C							∍st,	Approximate Intervel Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	c	(OR AS A CONSEOL										
N: MEDICAL	PART II. Other algnificent conditions	e contributing to	death but not re	sulting i	n the ur	aderlying	cause gi	iven in F	- 1	PERFOR	MED?	CO	RE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	ATH (Che	ick only one)				
YSI	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 - Num		5 🗆 Res	sidence (8 Other (Sp	ecify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF I (Month, Day		28b. TIME INJU	URY	28c. INJL WOF	RK7		28d. DESCRIE	BE HOW IN	JURY OCC	URED	
BY	2 Accident Investigation	28e PLACE OF	F INJURY — At hom	no form	M		ES 2						
品	4 Homicide 8 Could not be	building, e	etc. (Specify)	re, tarin, s	treet, ract	tory, omice	1		28t. LOCATIO City or To	N (Street a wn, State)	nd Number (or Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE 1 MEDICAL EXAMINER	R: On the beals of ax	ny knowledge, deat amination end/or in	th occurre	d at the t	ime, date o	end place,	and due t	to the cause(a) and men	ner as state	d. Cause(a) en	d manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0	m mi	^			29c. LICEN		BER				onth, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO	russe	المركم	7			Ŋ	/A			Septe	ember	4, 1991

who completed cause of Death (ITEM 27) (Type, Print)

., 9000 Franklin Square Drive, Baltimore, Maryland 21237

33, Registran's Signature

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

pital or attending physician.	d for use as the burial-transit		
age 6 may be retained by the hos	director, page 5 should be detached		er must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	unal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that the death certificate be exec	ned by the attending physician and	ith and Mental Hygiene prior to be	any Injury, or other traumat
ING PHYSICIAN: The law requires	After this certificate has been sign	leath with the State Dept. of Heal	marked, or item 23 shows
TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after d	IMPORTANT: It item 28 is

BE

2

31. OATE FILEO (Month, Day, Year)

1991

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH September 7,1991 Rankin 9:45 p.m. Jeanette 7. DATE OF BIRTH (Month, Day, Year, 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign Country) 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 KF July 5, 179-48-3417 1915 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Dennett Road Manor Nursing Home 0akland Garrett RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 TES 2 NO W. Va Mineral Keyser FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 26726 USA Box 202-B Rt. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerlo Rican,

1 YES 2XXNO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY **%**₩Idowed 4 □ Divorced White COMPLETED 18a, OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 18b. KINO OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Own Home Homemaker 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN Mencer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Boute Number, City or Town, State, Zio Code) 2 Box 202-B W. Va. 26726 Thelma K. Rhodes Keyser, 20a. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 20a, METHOD OF DISPOSITION

**Burial 2 | Cremation 3 | Removat from State
4 | Donation 5 | Other (Specify) ______ Cemetary, Crematory of Hillcrest Burial Park 9/10/91 Cumberland, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 85 S. Main Street Rotruck Funeral Home Keyser, WV 26726 23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition Shinuty anoxia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): 30 Minute heer CERTIFICATION Sequentielly list conditions, A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING diovasculer herosclem CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events reaulting in deeth) LAST PART ii. Other significent conditions contributing to deeth but not reaulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAIL ABLE PRIOR TO eni e imers MPH COMPLETION OF CAUSE 1 | YES 2 | NO type 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c, INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, 296. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

aumann

32. REGISTRAR'S SIGNATURE hia Savidson

>09-07-91

dent MD21520

603/15 10

Rt. 1, Box 202-B Keyser, W.Va. 26726

Hillcrest Durial Park 9/10/91 Cumberland, Md.

85 S. Main Street

Rotruck Funeral Home Keyser, WV 26726

nt. Pages 1, 2, 3 should

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR		STATE OF N	MARYLAN		RTMENT OF H		MENTAL	HYGIENE REG. NO.
1	CECILE	Last)	REDEMA	N				2. DATE C	9 DAY
	SOCIAL SECURITY NUMBER		5 SFY	6 AGE /In v	re last hirthday)	IE INDED 1 VEAR	IE UNIOED 14 MDC	7 DATE O	E BIOTH

	1. DECEDENT'S NAME (First, Middle, Last) CECILE E. REDEMAN							2. DATE OF D	9 DAY	1991 EAR	3. TIME OF DEATH	
	216-54-5790 1 D M 2 M F 85	(In yrs. last b		IF UNDER	1 YEAR DAYS	IF UNDER :	MIN.	7. DATE OF BI (Month, Day, 1—12—1	906	Cour	HPLACE (State or Foreign aryland	
TOR	9a. FACILITY NAME (If not institution, give street and number) 1714 Wilson Point Rd. RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF DEATH Middle River Balt					imore				
DIRECTOR	10s. STATE 10b. COUNTY Maryland Baltimore		10c. CITY,	TOWN O		ion ldle	Rive	r			10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1714 Wilson Point Rd.				101	ZIP CODE 2122				10g. CITIZEN OF WHAT COUNTRY? USA		
À	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR I		AMMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14 If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 No Specify:						Ble	CE — American Indien, ck, White, atc. City: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) 8th grade Coffege (1-4 or 5 +)	Iffe. D	EDENT'S U e kind of wo Do NOT use DUSEV	retired.)	during mo	ON at of working	g	4.55-0-000	of Busin	ess/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE LOWE						izab	eth	, Maiden Su	mame)		
19a. INFORMANT'S NAME (Type:/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 1714 Wilson PointRd. Balto., Md. 21220												
20a_METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LESSALW LUNEVAL H	em E						ral Ho Rd. Ba		, Md.	21236	
CERTIFICATION	23. PART I. Entar the diseases, or complicatione that ceus ahock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A CONSECU	UENCE OF)	Bro U			1	Occiliant Control	4	1	Approximate interval Between Onset and Dasth	
MEDICAL CERT	PART II. Other significant conditions contributing to deeth	but not re	sulting ir	the ur	ndarlyin	g cause g	given in I		WAS AN AI PERFORM	ED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	25. WAS CASE REFERRED TO MÉDICAL				28 PI	ACE OF D	EATH (Obo	ock only one)			1 YES 2 NO	
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/OL		□ DOA		R: sing Hon	1e 5 □ Fla		8 Other (Sp.				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR)	28b. TIME INJU	JRY M	1 🗌	ORK? YES 2) NO			JURY OCCURED		
ETED	8 Could not be building, etc. (Sp. 4 Homicide datarmined		ne, term, st	reet, rac	iory, orne			City or To	wn, State)	d Number or Run	ii Houte Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER On the best of my known one)										e(a) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	6	X	2		29c. LICE	/ O	18EA 032		▶ 9	ED (Month, Dey, Yelar)	
-	V	Orens	Rd.	Bal	to.,	Md.	212	20 (68	6- 52	37)		
	SEP 1 1 1991 Javidson-A		in .									

DHMH-18 Rev 1/89

mit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				ERTIFIC	CALE O	DEATH	1.	REG. I			
JEAN ROCK	ζ						2. DATE OF MONTH		DAY	YEAR	8:33 A M
369-28-882		5. SEX 1 M 2 F	8. AGE (In yrs. 64		IF UNDER 1 YEAR KONTHS DAYS	7	7. DATE (Month) MAY	Day Your	1927	a. BIRTHPL Country) NEW	YORK
. FACILITY NAME (If not in	stitution, give :	street and number)		1	Db. CITY, TOWN	OR LOCATION OF D			_	TY OF OEAT	ГН
MONTGOMER		NERAL H	OSPITA	AL		OLNEY			MON	TGOM	ERY
MD.	MON'	TGOMERY		DEF	SMOOD FOO	ATION					Id. INSIDE CITY LIMITS? X YES 2 NO
17508 PAR	K MILI	L DRIVE				20855				USA	IT COUNTRY?
MARITAL STATUS Never Married 2 🔀 Widowed 4 🗌 Divo	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	en. Puerto P	? (Specify licen, etc.)	Yes or No-	14. RACE	American Indian, white, etc.				
15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S (Give kind of wille. Do NOT us HOMEMA						TION most of working	16b.		BUSINESS/IND	HUSTRY	
FATHER'S NAME (First, M	NORGRI	EN				18. MOTHER'S N	AME (First, A		den Sumame)	2	
a. INFORMANT'S NAME (7)	S. RO	CK			AS #	t and Number or Rura	l Route Numb	er, City or	Town, State, Zip	Code)	
								79 ALEXANDRIA, VA.			
SIGNATURE OF FUNERA	iel 5	W-B	erhe	1	22. NAME MUR	AND ADDRESS OF F	ACILITY RBER	FUNI			LE, MD.20
equantially list conditions, leading to immediate. Enter UNDERLY AUSE (Disease or Injunat Initiated events assulting in death) LAS	ant conditio	DUE TO DUE TO	O (OR AS A CONS	SEOUENCE OF):	:	ing cause given in			S AN AUTOPSY IFORMED?		FERE AUTOPSY FINDINGS
Carri	eX.	wage						1 🗆 YE	S 2 110	C	OMPLETION OF CAUSE F DEATH?
S. WAS CASE REFERRED T EXAMINER? 1 YES 2 DANO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient		OTHER:	PLACE OF OEATH (C	100				
	Pending Investigation		F INJURY Day, Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?			OW INJURY OC	CURED	
2 Accident 3 Suicide S 4 Homicide	Could not be determined	28e. PLACE	OF INJURY — At I, etc. (Specify)	home, farm, st	reet, factory, o	ffica		ATION (St or Town, S	reet and Number State)	or Rural Rou	ite Number,
(Orlock Orly						eta and place, and di					and manner as stated.
b. SIGNATURE AND TITLE	11	none	and the second			29c. LICENSE N	367	2	•	7/8/	fonth, Day, Year)
Eduard	F PERSON W	HO COMPLETED CA	MD D	TEM 27) (Type,	Print) 721	Beuti	6	Perl	Cosh	6	rap m.
DATE FILED (Month, Day,	Ybar)	32. REGISTE	AR'S SIGNATUR								20004

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing wars after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF D	EATH		3. TIME OF DEATH
100	Betty J.	Robe	rts						9-	7- ^1 99	1 YEAR	740 PM
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	a. BIRT	HPLACE (State or Foreign
	201-20-041	12	1 M 2X XF	68	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day 2-7-	1923	Count	nnsylvania
Ш	9a. FACILITY NAME (If not in:					9b. CITY	, TOWN C	OR LOCATION OF D			OUNTY OF I	
DINECTOR	Francis So	cott :		. Ctr.				more Ci		-		_
}	10a. STATE	10b. COUNTY	,		10c, CIT	Y, TOWN C	OR LOCAT	TION			10d. INSIDE CITY	
	Md.	Bal	timore					River				1 VES 2 NO
ŧ	10a. STREET AND NUMBER						101	. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
	706 Rockav	way A	ve.					21221		U	.S.A	
	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divor			TEVER IN U.S., YES 25			If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 25 NO Speci	en, Puerto Rican			E — American Indian, ik, White, etc.
- 10	15, DECI	EDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON	186. KINI	OF BUSINESS/		
	(Specify only	highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	at of working	1			
	Elementary/Secondary (0 Unknown	-12)	College (1-4 or 5	+)	Hous				0,	vn Hom	_	
	17. FATHER'S NAME (First, MI	iridia I neti			nous	EWI.	16	18. MOTHER'S N				
	Samuel S.		S							others	"	
	19e. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS	S (Street a	and Number or Rural	Route Number, C	ity or Town, State.	Zip Code)	
2 ∥	Herbert E.	. Rob	erts					ay Ave.				1221
	20a, METHOD OF DISPOSITE			20b. PLAC	E OF DISPO	SITION (Na	me of cer	metery, crematory or		20c. LOCATION	City or T	own, Stata
	1 Donation 5 Other		oval from Stata		place) een M	lount	t Ci	remator	v	Balt	bM.o	_
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			22.	NAME A	ND ADORESS OF F	CILITY		THE STATE OF THE S	
	> 6/1/1	ach k						ley-Ash				
4	23. PART i. Enter the di	200	complications the	at coursed the	death Do							to_Md_2122
100	disease or condition resulting in death) Sequentielly list condit! If any, leading to immecause. Enter UNDERLY! CAUSE (Disease or Injuithet initiated events	diate NG ry	b	O (OR AS A CONS	SEOUENCE O	DF):	Ba	da			d8+ 1	2240
	resulting in deeth) LAS	T	d	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FI AWALABLE PRIOR COMPLETION OF COMPLETION O								
TO LOUIS		-	d	death but no	t resulting	in the ur	nderlyin	g ceuse given in		PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 MO
THE PLANT		-	d	death but no	t resulting	in the ur	nderlyin	g ceuse given in		PERFORMED?	3Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other eignifica	nt condition		o death but no	t resulting		26. PI	g couse given in	10	PERFORMED?	3Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other eignifica	nt condition	d			ОТНЕ	26. PI		1 [PERFORMED? YES 2 NO	SY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
TOTAL MEDICAL	PART II. Other eignifica 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ont condition	HOSPITAL: 1 Inpetiant 2 28a. DATE 0	EAR/Outpatlem	3 DOA 26b. TIM	OTHE	26. Pi Fi: raing Hon 28c. IN.	LACE OF DEATH (C	1 [PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2	D MEDICAL Pending	HOSPITAL: 1 Inpettant 2 28a. DATE OI (Month, I	ER/Outpatient F INJURY Day, Year) OF INJURY — At	3 DOA	OTHE: 4 Nur ME OF JURY M	26. PIR: rsing Hon 28c. IN. WO	LACE OF DEATH (C	1 [heck only one) 6 Other (Sp 26d. DESCRIE	PERFORMED? YES 2 NO POLITY DE HOW INJURY	OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	ont condition	HOSPITAL: 1 Inpettant 2 28a. DATE OI (Month, I	ER/Outpatient	3 DOA	OTHE: 4 Nur ME OF JURY M	26. PIR: rsing Hon 28c. IN. WO	LACE OF DEATH (C	1 [heck only one) 6 Other (Sp 26d. DESCRIE	PERFORMED? YES 2 NO POLITY PE HOW INJURY N (Street and Nurr)	OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	D MEDICAL Pending Investigation Could not be detarmined	HOSPITAL: 1 Inpettent 2 28a. DATE 0I (Month, i	ER/Outpatient F INJURY Dey, Year) OF INJURY — At , stc. (Specify) If my knowledge,	3 DOA 26b. Tilk IN home, farm,	OTHE: 4 Nur ME OF JURY M street, fact	26. PR: rsing Hon 28c. IN. WC 1 Latory, office	LACE OF DEATH (C	1 Check only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATION City or for	PERFORMED? YES 2 NO PEHOW INJURY N (Street and Nurry Nn, State)	OCCURED ber or Rural stated,	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	D MEDICAL Pending Investigation Could not be determined CIFYING PHYSI ICAL EXAMINE	HOSPITAL: 1 inpetiant 2 28a. DATE Of (Month, in building) 28a. PLACE (building) CIAN: To the best of inferior of the basis of inferior of inferior of the basis of inferior of inferior of the basis of inferior of the basis of inferior of the basis of inferior of inferi	ER/Outpatient F INJURY Dey, Year) OF INJURY — At , stc. (Specify) If my knowledge,	3 DOA 26b. Tilk IN home, farm,	OTHE: 4 Nur ME OF JURY M street, fact	26. PR: rsing Hon 28c. IN. WC 1 Latory, office	LACE OF DEATH (C ne 5 Residence IURY AT YES 2 NO ne a and place, and du death occured at th	1 Check only one) 6 Other (Sp. 28d. DESCRIE 28f. LOCATIO City or for	PERFORMED? YES 2 NO PERFORMED? NO NO NO NO NO NO NO NO NO N	DCCURED ber or Rural stated, the cause	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
DE COMPTELLED DI TILISICIANI MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI	D MEDICAL Pending Investigation Could not be determined CIFYING PHYSI ICAL EXAMINE	HOSPITAL: 1 inpetiant 2 28a. DATE Of (Month, in building) 28a. PLACE (building) CIAN: To the best of inferior of the basis of inferior of inferior of the basis of inferior of inferior of the basis of inferior of the basis of inferior of the basis of inferior of inferi	ER/Outpatient F INJURY Dey, Year) OF INJURY — At , stc. (Specify) If my knowledge,	3 DOA 26b. Tilk IN home, farm,	OTHE: 4 Nur ME OF JURY M street, fact	26. PR: rsing Hon 28c. IN. WC 1 Latory, office	LACE OF DEATH (C	1 Check only one) 6 Other (Sp. 28d. DESCRIE 28f. LOCATIO City or for	PERFORMED? YES 2 NO PERFORMED? NO NO NO NO NO NO NO NO NO N	DCCURED ber or Rural stated, the cause	ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number;
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI	Pending Investigation Could not be detarmined CIFYING PHYSICAL EXAMINE	HOSPITAL: 1 Inpettant 2 28a. DATE Of (Month, I) 28a. PLACE building	ER/Outpatient F INJURY Dey, Year) OF INJURY — At , atc. (Specify) of my knowledge, examination and/	3 DOA 26b. Tili IN. home, farm, death occurr death occurr or investigation	OTHE	26. PFR: raing Hon 28c. IN. WC 1 Latory, office time, data opinion, c	LACE OF DEATH (C ne 5 Residence IURY AT YES 2 NO ne a and place, and du death occured at th	1 Check only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATIOn City or To	PERFORMED? YES 2 NO PERFORMED? NO NO NO NO NO NO NO NO NO N	DCCURED ber or Rural stated, the cause	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
TO BE COMPLETED BY THE SIGNAL GENERAL CENTRAL COMPLETED STATES OF THE ST	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Solicide 6 Medical Me	Pending Investigation Could not be determined CIFYING PHYSI ICAL EXAMINE OF CERTIFIES	HOSPITAL: 1 Inpetiant 2 28a. DATE Of (Month, I) 28a. PLACE (building) CIAN: To the best of circ. On the basis of circ. R 10 COMPLETED CAL	ER/Outpatient F INJURY Dey, Year) OF INJURY — At , atc. (Specify) of my knowledge, examination and/	3 DOA 28b. TiM IN Abore, farm, death occurr or Investigati TEM 27) (Type	OTHEL 4 Nur 4 Nur 5 Nur 5 Nur 6 Nur	26. PFR: raing Hon 28c. IN. WC 1 Latory, office time, data opinion, c	LACE OF DEATH (C THE S Residence SURY AT SPIK? YES 2 NO THE AT T	1 Check only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATIOn City or To	PERFORMED? YES 2 NO PERFORMED? NO NO NO NO NO NO NO NO NO N	DCCURED ber or Rural stated, the cause	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

	Pages 1,	
clan.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	
ending physi	as the buria	
spital or after	hed for use	,
ed by the ho	uld be detact	ed at once
nay be retain	page 5 sho	t be notifi
ith. Page 6 m	neral director,	miner mus
ours after dea	in by the fu	nedical exa
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the formal completely filled in by th	be the writhin (2 hours alias death with the state dop), or reach and mental hygene prior to china, it constructs. It them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed	vician and con	traumatic e
ath certificate	ttending phys	, or other
s that the de	ined by the a	amy injury
e law require	has been sig	n 23 shows
HYSICIAN: Th	is certificate	red, or then
TTENDING PI	TOR: After th	28 is mark
SPITAL OR A	VERAL DIREC	IT: If Item
TO THE HOS	TO THE FUN	IMPORTAN

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH SAN YEAR 3. TIME OF DEATH						
	Charles H.	les_ (-). SNYDER							September 7, 1991 6:15				6:15 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	-	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH lay, Year)		6. BIRTH	HPLACE (State or Foreign	
	215 16 1453	1 M 2 D F	_ `71	YRS.	ONTRE	LATE .	noune	arre.	AUG. 7, 1920 MAR					
_	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
0	FRANKLIA SQUARS HOSPITAL KOSSOALS Baltimore County													
<u> </u>	10e. STATE 10b. COUNT	Ý		10c. CITY,	TOWN OF	R LOCAT	ION						10d. INSIDE CITY	
DIRECTOR	MARYLAND BAJTIMOR					085						LIMITS?		
	10s. STREET AND NUMBER				11001		ZIP CODI	E			10g. CITIZEN OF WHAT COUNTRY?			
E	5921BSOTON HIGHTS AVS				21204					U.S.A.			A.	
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. AR										E — American Indian,		
ВУ Р	1 Never Merried 2 Merried FORCES? 17 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 ☐ YES ZFC, NO Specify: Specify:									
	W. W. L							T.HW						
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S U ive kind of wo Do NOT use	ork done di	CUPATIO	N st of workin	ng	16b. KIND OF BUSINESS/INDUSTRY					
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5 +) = 1		0	0		3.50	0 116-300 616-300					
M.	17. FATHER'S NAME (First, Middle, Last)		101	ZA(,)	11	15	10 11000	1216	ME (First, Mid	400	101	212	CIRIC	
	C HQQ1 = Q	. Saya	ε Ω				E)	A	S CC S	0	FFI	200	1.1.11	
H	19e. INFORMANT'S NAME (Type(Print)	. 211/1		h MAILING	ADDRESS	/Street e	nd Number	-	Route Number,				T(TG)	
일	=	2090		50	COC	20	20	OV	(on, or 101	ri, crarc, a			
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI	TION (Nan	ne of cen	netery, cren			20c. LC	CATION -	City or To	own, State	
	128 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	Par Pl	(1000)	20	(7)	ISR	V	Packicilic C				Ω_0	
	21. SIGNATURE OF FUNERAL SERVICE LI			22. N	AME AN	D ADDRE	SS OF FA	CILITY	TOE DIMORIS					
	120 75				5	VA.			2011				V. 7315	
\vdash	23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of						ARFORD KOAD - PARKVILLS							
	ahock, or haert fellure.	List only one cau	ise on each line).	ot anter	1110	ua Di uy	mg, soc	ar aa cardia	C DI Teat	matory at	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	7 not	: 1		a a .		-						Onset and Death	
	a. Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF):													
-	Diabetes Mellitus								j					
[흔]	Sequentially list conditions, If any, leading to immediate													
S	Couse. Enter UNDERLYING CAUSE (Disease or Injury													
RTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
CER	d													
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
EDICAL								PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE			
											OF DEATH?			
Σ.														
8	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
PHYSICIAN	EXAMINER? 1 YES XX NO 1 Inpetient XXER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)													
\ \	27. MANNER OF DEATH					28b. TIME OF 28c. INJURY AT WORK?				284. DEŞCRIBE HOW INJURY OCCURED				
ВУ	1 Natural 5 Pending 2 Accident Investigation	,	M 1 YES 2 NO				NO							
ED E	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
E	4 Homicide determined													
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.													
COMPL	One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated.													
ш	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE					ENSE NU	NUMBER 29d. DATE SIGNED (D (Month, Day, Year)			
0 8	Cirtury P. Monco Mb Dos					180	05) > 9/7/91				1			
F			COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
								imore	e MD	21	timore MD 21237			
1 1	31. DATE FILED (Month, Day, Year)													
		-	AR'S SIGNATURE											
	SEP 1 1 1991	-	AR'S SIGNATURE	02									DHMH-16 Rev 1/89	

DHMH-18 Rev 1/89

fter death. Page 6 may be retained by the hospital o	r the funeral director, page 5 should be detached for loval.	al examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGI				
1	1. DECEDENT'S NAME (First, Middle, Last) $SHAPIRO$	MORR	IS (MC	ORRIS SI	HAPIRO)	2. DATE OF DEATH	DAY	YEAR 3. T	IME OF DEATH	
DIRECTOR	4. SOCIAL SECURITY NUMBER 216-05-3294	1 🛭 M 2 🗆 F 80	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1	MARYLAND			
	9a. FACILITY NAME (If not institution, give s BALTIMORE COUNT RESIDENCE OF DECEDENT	1		RANDALL		The second secon				
	10a. STATE 10b. COUNT	ALTIMORE		TOWN OR LOCAT			10d. INSIDE CI LIMITS? 1 YES 2			
FUNERAL	100. STREET AND NUMBER 812 SMOKE TREE	10e. STREET AND NUMBER 812 SMOKE TREE RD.			ZIP CODE 212	08	10g. CITIZEN OF WHAT COU USA			
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2X			ENDENT OF HISE scify Cuban, Max 2 NO Spe	Yen or No—	fea or No.— 14. RACE — American Indian, Black, White, stc. Specify: WHITE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) SHEET METAL W					most of working				
BE CO	17. FATHER'S NAME (First, Middle, Last) MICHAEL	Leasureman	18. MOTHER'S NAME (First, Middle, Malden Surname) SARAH KOLODNY							
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8218 ARROWHEAD RD. BALTIMORE, MD 21208									
	20a. METHOD OF DISPOSITION X Burlal 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Computation of Computation of Camputation									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO., MD 21215									
PHYSICIAN: MEDICAL CERTIFICATION	23. PART: Ener the disease, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory erreat, and proximate interval Between Onset and Death of the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitted events resulting in death) LAST Approximate interval Between Onset and Death of the cause of the cau									
	Amybitrophic Lateral Sclerosi's Performed? 1 Yes 2 NO OF DEATH?							RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Residence 8 Other (Specify)									
BY PHY	27. MANNER OF DEATH 1	28a. DATE OF INJURY 28b. TIME OF 18c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?						-		
	3 Suicide a Could not be 4 Homicide determined	28e. PLACÉ OF INJURY — building, etc. (Specify)			0		CATION (Street and Number or Rural Route Number, or Town, State)			
BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.									
	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D28304 ≥ 9/5/9 D28304								nth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print) 11 E. Chestrut Hill La Reisterstown md 36									
ì	31. DATE FILED (Morith, Day, Year) SEP 1 1 1991 Julian Davidson Roman									

certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the prior to burial, cremation, or removal. TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death serlificate be executed within 24 hours after death. Page 6 may be retained by the horse TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Montal Hygne prior to build, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any lajory, or other traumatic event, the medical examiner must be notified at once.

	1. DECENS: S NAME (Firs	t, Middle, Last)	JACOB	J. S	СНАЕСН	CHAECHTEI. MONTH DAY YEAR								3. TIME OF DEATH 9:45 A
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs	. last birthday)		R 1 YEAR		R 24 HRS.	7. DATE OF	BIRTH		S. BIRTHI	PLACE (State or Foreign
	214-03-2186		1 🖾 M 2 🗆 F 84		YRS.	MONTHS	DAYS	DAYS HOURS MIN.		12-2			Country	RYLAND
~		9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D							
DIRECTOR	ST.AGNES HOSPITAL					BALTIMORE CITY								
2	10. CTATE					CITY, TOWN OR LOCATION								10d. INSIDE CITY
ă	MARYLAND	BA	LTIMORE				AR	BUTU	S					LIMITS?
FUNERAL	10e. STREET AND NUMBER							ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?
Ë	1201 CIRCLI	E DRIV	E					2122	7				JSA	
Ę	11. MARITAL STATUS 1 Never Married 2	1 00 - 1 0	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT	OF HISPA	NIC ORIGIN?	Specify Yes			- American Indian, White, atc.
ב	3 Widowed 4 Dive	orced	IF YES, GIVE V	MAR OR DATES			1 TYES	2X NO	nn, Mexici Speci	an, Puarto Rici	en, etc.)		Specify	
COMPLETED	(Specify oni	EDENT'S EDU ly highest grade	CATION completed)	16a.	DECEDENT'S	work done	during mo	ON at of worki	ing	16b. KI	ND OF BUS	INESS/INE	USTRY	
	Elementary/Secondary (t 8th	0-12)	College (1-4 or 5		ine. Do NOI u	se retired.)								
5	17. FATHER'S NAME (First, M	ficially (pet)		ĮДАК	INE MA	ACHII	VIST						& DR	YDOCK CO.
	GEORGE	SCHAE	CHTEI							AME (First, Mide				
1	19a. INFORMANT'S NAME (OHILL	1	105 MAII INC	ADDRES	P /O+		ARBA		RICK			
2	MARGARET M		AECHTEL.							Route Number,				0100=
	20a METHOD OF DISPOSIT	ION			CEANDDATE				, DA	LTIMOR	_			21227
	1 N Buriat 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem	ovat from State	HOLY	CROSS	ther place)	AETEI	ne or		1			City or Tow	
	21. SIGNATURE OF FUNERA		CENSEE	- Inobi	OROBI	77	TOTALE AN	ID ADDRE	SS OF FA	CIL ITY				K, MARYLAND
	1	111				 H e	WARI	D H.I	HUBB.	ARD FU	NERAI	HOM	Œ, I	NC.
4	of party English	7				41	107	VILK!	ENS .	AVE, BA	LTIM	ORE,	MARY	LAND 21229
	Approximate interval Batween Onset and Death Shock, or heert setture. Liet only one cause on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
- 11	PART II. Other significe	nt condition	a contributing to	death but no	e reculation t	- Al	41. 1.							1
	Carcu	non	~ 2	lun	R resulting i			ceuse (givan in		PERFORI	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	aceon	mac	my	- a	dece	le	nt	_					1	1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)				
	t YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	t: ing Home	5 🗆 Ra	eldence	6 Other (Sc	pecify)			
	27. MANNER OF DEATH		26a. DATE OF (Month, De		26b. TIMI		28c. INJU	JRY AT		28d. DESCRI		JURY OCC	URED	
		Pending Investigation				М		ES 2	NO					
		Could not be determined	26a. PLACE Of building,	F INJURY — At atc. (Specify)	home, tarm, a	dreet, facto	ory, office			281. LOCATIO City or To	N (Street ar wn, State)	nd Number	or Rural Ro	ute Number,
	29a. CERTIFIER (Check only one) 1 CERT	IFYING PHYSIC	CIAN: To the best of R: On the basis of ex	my knowledge, amination end/o	death occurre	d at the ti	me, date :	and place,	and dua	to the cause(s) and manr	ner es atati	ed.	and menner as stated.
	29by SIGNATURE AND TITLE						1		NSE NUN					Month, Day, Year)
	CV 100 VH	wil						03	015	12		•	9 - 1	9-7/
	30. NAME AND ADDRESS OF	M. R	COMPLETED CAUS	M.L	TEM 27) (Type,	Print)	5.0	147	ON	Ale	=	BAL	8 2	1228
	SEP 11	1991	REGISTRA	ASSIGNATURE									Sur	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		1. DECEDENT'S NAME (First	Middle Leet				10/11/		DEA			HEG. NO.		-	
	1			M. SMITS	SDORF						2. DATE O	DA		YEAR	3. TIME OF DEATH
	1	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	t YEAR	IF UNDER	R 24 HRS.	7. DATE OF	E BIDYLI	91	BIRTHPI	M LACE (State or Foreign
20		212-18-2103	BA	1 🗆 M 2 💢 F	82	YAS.	MONTHS	DAYS	HOURS	MIN.	MARCI	Day, Mar) H 11,1	1909	GEF	RMANY
3 should	_	9a. FACILITY NAME (If not in					9b. CITY		OR LOCATI				9c. COUNT		
1, 2, 3	СТОВ	MERIDIAN NU	JRSING	HOME, HAM	MONDS	LANE		GLE	N BUF	KNIF			ANNE	ARL	JNDEL
Pages	DIREC	10e. STATE	106. COUNT			10c. CI	TY, TOWN (1	Od. INSIDE CITY
permit. P		MD.		TIMORE			BALT	IMO	KE					1	LIMITS?
	FUNERAL	100. STREET AND NUMBER	RIDA A	ΔVF.				10	ZIP COD	1227				S.A.	AT COUNTRY?
-0020 ing physician. the burial-transit	UND	2821 FLU 11. MARITAL STATUS	NIDIT I	12 WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC			IC ORIGIN?	(Specify Yea			- American Indian,
5-0020 Inding physic as the burial	ВУ F	1 Never Married 2 X		FORCES? 1	YES 2 [WAR OR DATES	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp. If yes, specify Cuben, Maxicen, Puerto Rican, 1 YES 2 NO Specify:					en, stc.)		Black, 1 Specify:	White, elc.
ru E a	ED B	WHIT										ITE			
P 0 10 10 10 10 10 10 10 10 10 10 10 10 1	<u> </u>	(Specify only Elementary/Secondary (0	(Specify only highest grade completed) (Give kind of work done during most of working												
	COMPL	8th GRADE	College (1-4 of 5 +)									RODU	CTS		
RYLAND ed by the hospit uld be detached ed at once.	S	17. FATHER'S NAME (First, M							18. MOTI	HER'S NAM	AE (First, Mic	ddle, Maiden S	Surname)		
IARYL stained by should be tiffed at	BE	19a. INFORMANT'S NAME (7	RI FI	SCHER			CONTRACT.				DUISE	?			
5 50 5	2	FRHARDT	SMITSI	DODE.								ORE, N			
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be a		20e. METHOD OF DISPOSIT	ION		20b. PLAC	EAND DATE	OF DISPOS	ITION /No	ame of	C. Dr	DATE		ATION — CH		, State
BALTIMORE er death. Page 6 may the funeral director, pay val.	ļ	4 Donellon 5 Dother	(Specify)		cemetery C	RRAIN	E PAF	RK C	EM.	9/	/11/9	D 01 3	rimori		
ALTIN death. Pag e funeral dia J.		21. SIGNATURE OF FUNERA	1						ND ADDRES	SS OF FAC	ILITY	237	7 E.P/	ATAPS	SCO AVE.
9 - 9 - 9		Stanle		-											21225
within 24 hours within 24 hours operation, or recemble or recemble.		23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart randre.	. Ma	t caused that ise on each li	ne. hint	1 0		,			c or reapin	atory arres	it,	Approximata Interval Between Onset and Death
P.O. BOX 68 th certificate be execu- ending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditi if any, taading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju that initiated eventa resulting in death) LAS	diata NG ry	Charles of the state of the sta	Y 35	donlines o	200								
. 9 - 3		PART II. Other significa	nt condition	a contributing to	death but not	resulting	in tha un	derlying	g cause g	lven in P	Part I. 2	4a. WAS AN A PERFORM			ERE AUTOPSY FINDINGS
O # 8 # 8	MEDICAL	Nep 1	real	ture							_ 1	YES 2		CI	AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
~ 0 9 0 E		alyties	emer	¿ 1813	low	_					_		•	1	YES 2 NO
TAL F The law ate has be ate Dept.	IAN	25. WAS CASE REFERRED TO	MEDICAL					26 DI	ACE OF D	EATH /Chor	ck only one)			<u>L</u>	
F VITA SICIAN: The certificate h the State [SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 Num	:			Other (S	Speciful .			
O \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	BY PHYSICIAN:		Pending investigation	28a. DATE OF (Month, Di		28b. TIM		28c. INJ WO				NIBE HOW IN.	JURY OCCUI	PED	
ISIC TTENDI TTOR: A after of 28 is	ETED		Could not be determined	28e. PLACE Of building,	F INJURY — AI I etc. (Specify)	iome, ferm,	streel, lacto	ory, office			281, LOCATI City or	ON (Street an Town, State)	d Number or	Rural Roul	le Number,
DIV DAL OR A AL DIREC 72 hours If item	AP.	29a. CERTIFIER (Check only one)	IFYING PHYSIC	CIAN: To the best of	my knowledge,	leath occurr	ed at the ti	me, date	end place,	end due to	o the cause	(s) and mann	er as stated.		
THE HOSPITAL TO THE FUNERAL SE THEN WITHIN 72 I	COMPL	Z MEDI			camination end/o	r investigatio	on, In my o	oinion, d	eath occur	ed at the ti	ime, data an	d place, and	due to the o	:ause(a) ar	nd manner as stated.
是 性 图	BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
P P Z E	2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type	. Print)		111	18	//		14	21	7,71
		David	R.	mase	man	2.72	0								
<		31. DATE FILED (Month, Day, 1		32. BEGISTRA	R'S GIGNATURE						_				
		SEP 1 1 199	11	is Unically disen	-North	4									

BALTIMORE, MARYLAND 21203-3146

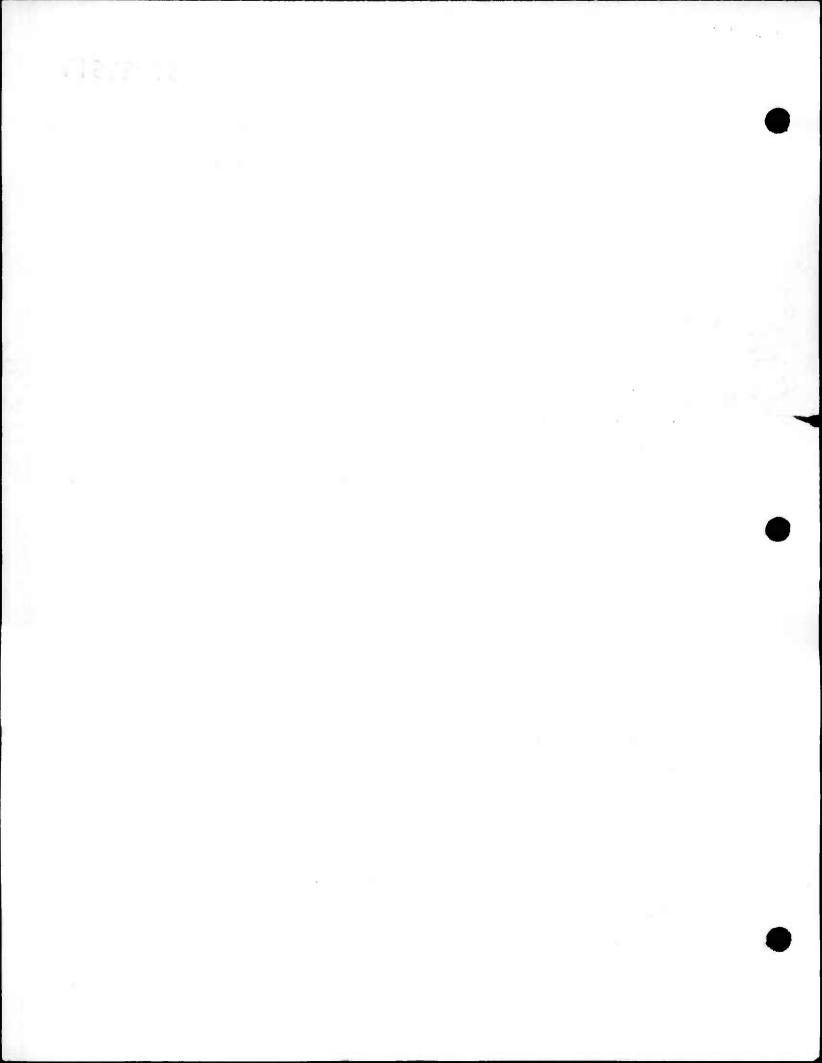
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

## bunal-transit permit. Pages 1, 2, 3 should		
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described as as as as	fiter death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	I item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
1 DIRECTOR:	2 hours after	I Item 28

	FOR 1 - STATE	STATE OF MARYL			OF HEALTH AND		_	24614	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CENT	IFICALE	OF DEATH	REG. NO).	A THE OF BEATH	
		IZABETH S	SPENCE			2. DATE OF DEATH	MY 9/	3. TIME OF DEATH	
			in yrs. lest birtho		YEAR IF UNDER 24 HRS	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give stre	7. 1.0	days -		TOWN OR LOCATION OF	07-23-19	97 N	Maryland OF DEATH	
TOR	Greater Baltimore	Medical Cen	ter		owson			Etimore	
DIRECTOR	Maryland Baltin	no h o	10c.	CITY, TOWN OF	LOCATION LY Hall			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
	10e. STREET AND NUMBER	norte		100	10f. ZIP CODE		10g. CITTZEN	OF WHAT COUNTRY?	
FUNERAL	8717 Silver Hall 1			1	21128		USA		
ig i	11. MARITAL STATUS 1/A Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. W	AS DECENDENT OF NISI yea, specify Cuban, Mex YES 2 2 NO Spe	PANIC ORIGIN? (Specify Yellicen, Puerto Ricen, atc.) scitics:	14.	RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15, DECEDENT'S EDUC/ (Specify only highest grade of Etementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDEI (Give kin- ilfe. Do Ni Depen		CUPATION uring most of working	16b. KIND OF BU	JSINESS/INDUST	RY	
BE COM	17. FATNER'S NAME (First, Middle, Last) Randy L. Spence					NAME (First, Middle, Maide 2n J. Sade	n Surname)		
10 E	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nr. & Mrs. Randy L. Spence 8717 Silver Hall Road, Perry Hall, MD 21128								
	20a. METNOD OF DISPOSITION 1 Surfat 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State	other place)	SPOSITION (Nan	e of cometery, cremetory	or 20e. L 9/10/91 Ba	ocation — chy ltimore		
	21. SIGNATURE OF PINERIAL SERVICE LICE	HATEL D. 1	/	22. N	AME AND ADDRESS OF la-Ruck Fu	reral Home	of Dunc	lalk. Inc.	
	23. PART I. Enter the diseeses, or co shock, or heert fellure. L	omplications that cause list only one cause on a	the deeth.	Do not enter	the mode of dying, a	uch as cerdlec or real	piratory errest	Approximate Interval Between Onset and Daath	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cerd	iopus	amon	my A	rest	8	Onset and Daath	
7	-	Cere	LOVE	au ori	o sia				
ATIO	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A							
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUEN	DE OF):					
2	PART II. Other significant conditions	and dhuding to death t		Nam In Abo	tankdan anuna akun	In Book I Con una c		24b. WERE AUTOPSY FINDINGS	
MEDICAL	TANT II. Only significant conditions	Contributing to death t	- Tot leading	ang in the time	arrying cause given	PERFO	PANED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: ME			-					1) YES 2 □ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF DEATN	(Check only one)			
IXSI	1 TYES 2 NO	1 Opetient 2 ER/Out		OA 4 Nurs	ing Nome 6 - Residen	1			
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	280	NUTTO OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
<u>a</u>	3 Suicide 8 Could not be 4 Homfolde determined	28a. PLACE OF INJURY building, etc. (Spe		erm, atreet, facto	ry, office	261. LOCATION (Stree City or Town, Stat		Rural Route Number,	
COMPLET	one)	CIAN: To the best of my know						euse(a) and manner as stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	A. Luen	re-	MD	29c. LICENSE	NUMBER 07-26	29d. DATE S	IGNED (Month, Day, Year)	
E 2	20 NAME AND ADDRESS OF SERSON WAS	COMPLETED CAMPE OF D	1	7 2 2 2		1	1 /	1 1	

32. REGISTRAR'S SIGNATURE / Julia Davidson-Randelle

GBM



	1 - STATE REGISTRAR	STATE OF N			RTMENT OF	HEALTH AND	MENTAL		-	1	246	15	
	1. DECEDENT'S NAME (First, Middle, Last)			211111	TOATE OF	DEATH	2. DATE O	REG. NO	•		3. TIME OF I	DEATH	_
	Jacqueline	Ann		Th	omas		09	Ĉ	6	91	7:31	A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			8. BIRTI	PLACE (State	or Foreign	,
		1 - M 2 - F	30	YRS.	MONTHS DAYS	HOURS MIN.	02_J	Day, Year)		Mar	vlanc	F	
~	9e. FACILITY NAME (If not institution, give stre					OR LOCATION OF E		4-01	9c. COU	NTY OF D			
ЕСТО	Prince George RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	s Hos	oital C		Chev	erly, M	D		Pri	nce	Georg	ge	_
FUNERAL DIRECTOR	Md .	P.G			apitol	Hgts.					10d. INSIDE LIMITS?		
RA	1109 Dunbar	Oaks	Dr		1	Of. ZIP COOE					VHAT COUNTR	17?	
2		12. WAS DECEDEN		MAFR		20743				S.A			
	1x Never Married 2 Married	FORCES? 1	YES 2 TA	40	If yes, s	CENDENT OF NISPA pecify Cuban, Mexic	an, Puerto Ric	(Specify Yes can, atc.)	or No-	14. RACE Black	— American c, White, atc.	Indian,	
ВУ	3 Widowed 4 Divorced	IF TES, ONTE W	AR OR DATES		1 1 1	S 2 NO Speci	rly:			Speci	Bla	ck	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	16a. DE	CEOENT'S	USUAL OCCUPAT	ION	16b. K	INO OF BUS	SINESS/INC	USTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5 +) life.	Do NOT us	work done during rise retired.)	iost of working							
₩ I	12th		Un	emp]	oved				None	2			
	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First, Mic	idle, Maiden	Sumame)				
BE	Thompson C 190. INFORMANT'S NAME (Type/Print)	Thom				Lo	iise	Sing	leto	מפ			
2	Louise S. Thoma	C				end Number of Rural		City or Tow	n, State, Zip	Code)			
	20e. METHOO OF DISPOSITION	.5		_	as #	10 abov							
	15 Burial 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	at from State	cemetery, cre-	matory or o	ther plecel		OATE		CATION —				
	21. SIGNATURE OF FUNERAL SERVICE LICE		Har	mony	Mem	Park 9	11/9 CILITY	1 La	ndov	er,	Md.		
	* Xarry	1.	RACTI			.Washir							
	23. PART I. Enter the diseases or co	molications that	anned the de	oth D	492	5 Burre	oghs	Ave	.,N.	Ε.			
	23. PART i. Entar tha diseases, or co- ahock, or heart failure. Li- IMMEDIATE CAUSE (Final	at only one cau	se on aach line				th as cardia	c or reapi	ratory arr	est,		imata i Betwe and Dar	
	disease or condition resulting in death)	DUE TO	Or AS A CONSEC										
Z	Samuration Harman data & b.	Sev	ere Co	nace	tene C	ardion	nyor	satte	,				
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause, Enter UNDERLYING	DUE TO	OR AS A CONSEC	UENCE OF	n:		01	0	-				
S	CAUSE (Disease or injury C.	OHE TO	OR AS A CONSEC	UFNOT OF									
	that initiated eventa resulting in death) LAST	002 10 (ON AS A CONSEC	DENCE OF	·);						1		
8	d.										-		
A	PART II. Other aignificant conditions	contributing to	daath but not re	eauiting i	n tha undariyir	g cause given in	Part i. 2	4s. WAS AN		24b.	WERE AUTOPS		36
PHYSICIAN: MEDIC							1	YES 2			AVAILABLE PRI COMPLETION (OF DEATN?		
E I											1 YES 2	NO	
z I													
₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	,		28. F	LACE OF DEATH (Ch	eck only one)						
ĭ.S	1 VES 2 XNO	☐ Inpatient 2 🔏		□ DOA		ne 5 🗌 Residence	8 Other (S	Specify)					
4	27. MANNER OF DEATN 1 XNstural 5 Pending	28e. OATE OF (Month, Da		28b. TIMI	URY W	JURY AT DRK?	28d. DESCR	HBE NOW IN	JURY OCC	URED			
B	2 Accident Investigation	28a PLACE OF	IN ILITAL AND A			YES 2 NO							
品	3 Suicide 8 Could not be 4 Nomicide determined	building, a	INJURY — At hor tc. (Specify)	ne, Iarm, s	treet, factory, offi	:•	281. LOCATI City or 1	ON (Street e. Town, Stele)	nd Number	or Rural A	oute Number,		
9	290. CERTIFIER			-					-				_
COMPLET	(Check only one) 2 MEDICAL EXAMINER:	On the beels of ax	my knowledge, das mination and/or in	ith occurre	d at the time, dat n, in my opinion,	end piece, and due feath occured at the	to the cause	(e) end man d place, end	ner se state	ed. o cause(e)	and manner e	s stated.	
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	0				29c. LICENSE NUI					(Month, Day, Ye		\dashv
9	Weller	reckn	2			DORK	20		1	91	16-9	1	
F	30. NAME AND ACCRESS OF PERSON WHO						70		0	1-0	9	/	\dashv
	Thomas Hernande	z,M.D.	P.G.C	.н.	, Chev	erly, M	d.						
	Thomas Hernande: 31. DATE FILEO (Month, Day, Year) SEP 1 1 1991	Julia Day	dson-hand	402									٦

5102 H

touth in the third with a state of the state

redonar en X

TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEP CERT	ARTMEN	IT OF I	HEALTH /	AND ME	ENTAL HYGIEN		4	24016	
	1. DECEDENT'S NAME (First, Middle, Last)	T	ETLIE				2	. DATE OF DEATH	MY	YEAR	3. TIME OF DEATH 7:32 A. M	
	4. SOCIAL SECONTY NUMBER 217-09-5607	1 7 2 F	AGE (In yrs. last birthda 80 YRS	S. MONTHS		IF UNDER 2	24 HRS. 7.	DATE OF BIRTH 12-19:	10	a. BIRTH	PLACE (State or Foreign Tyland	
CTOR	96. FACILITY NAME (If not institution, give st Franklin Square) RESIDENCE OF DECEDENT	Franklin Square Hospital Fullerton/Ros									e County	
L DIRECTOR	Maryland 106. COUNTY	Baltimore		CITY, TOWN	Full	lertor					10d. INSIDE CITY LIMITS? 1 YES XX NO	
BY FUNERAL	100. STREET AND NUMBER 4231 Cardwell Av 11. MARITAL STATUS	Cardwell Avenue 21236							US		VHAT COUNTRY?	
	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13.	If yes, specify Cuban, Maxican, Puarto Rican, etc.) Bis					Black	— American Indian, Whita, atc.	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade : Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NO	T'S USUAL (of work done of use retired.)	during mo	ON ost of working		16b. KIND OF BUS		JSTRY		
COM	8th grade 17. FATHER'S NAME (First, Middle, Last) George Frederick	Thiks	nec	126 M T T	. e			(First, Middle, Melden tella Ca:		5		
TO BE	George Frederick 19a. INFORMANT'S NAME (Type/Print) Mrs. Lillian Cla		19b. MAIU 421	ing addres	is (Street a	and Number o	or Rural Route	e Number, City or Tow	rn, State, Zip (Code)	d 21236	
	Mrs. Lillian Clayton 20a. METHOO OF DISPOSITION 1 Quirlel 2 Cremetton 3 Removal from Stata 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Carreletor, or other place) Carreletor of other place of Faith 9/11/91 Baltimore, Mg								wn, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICE REGIONAL PROPERTY OF THE PROPERTY OF TH										r Rd.	
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that ca List only one cause	on each line.	o not ente	r the mo	de of dylng	g, such ar	s cardisc or reapi	ratory arres	st,	Approximate Intervel Between	
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST											
AL CE	PART II. Other algnificant conditions	s contributing to det	ath but not resulting	g In the u	nderlying	g cause giv	ven in Pari				WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA	K ¹ sthmacance							PERFOR			AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA		HOSPITAL:		OTHE	R:	ACE OF OEA				_		
PHYS	27. MANNER OF DEATH	1 X Inpatient 2 ☐ ERA 28a, DATE OF INJU (Month, Day, Ye	URY 28b. T	4 Nur	28c. INJU	URY AT		Other (Specify)	JURY OCCU	RED		
B	12 Natural 5 Pending 2 Accident Investigation			INJURY M	1 🗆 Y		NO					
ETED	3 Suicide S Could not be determined	outning, arc. (LOCATION (Street a. City or Town, State)			ute Number,	
COMPLETED	2 MEDICAL EXAMINER		knowledge, death occur nation and/or investiga	med at the t	ime, deta i	and place, ar	nd due to the	te cause(a) and man , data and place, and	ner as stated	cause(a)	and manner as stated.	
H C	29b. SIGNATURE AND TITLE OF CERTIFIER	d 2. EX	right	M.D		29c. LICENS	SE NUMBER		29d. OATE S	SIGNED (Month, Day, Year)	
	30. NAME AND ACCRESS OF PERSON WHO Bradford El:				Frank	klin s	Squar	e Drive 1	Baltin	more	21237	
	31. DATE-FILED (Month, Day, Year) 1 1 1991	82. REGISTRAR'S S		96-			-					

o de

man which which was some dealers of the section of

10	10		
pita	9		
90	tach		Ce.
ŧ	de		0
B	od b		at
Dec	NO.		Je J
reta	5 5		흥
2	90		9
may	r, pa		ti l
9	octo		2
300	P		6
÷.	era		튵
dea	草		exa
fter	the state of	942	7
55	9	E	ğ
30	P	6	Ē
24	/ File	tion,	the
iţ	etel	еша	H,
¥ p	duic	5	eve
cute	90 P	uria	il.
88	an a	9	E
Pe	cia	NOF	neu
cate	phys	d a	-
ertif	Du	Agier	\$
€	tend	Ī	9
dea	e at	ent	3
the	y th	2	三
that	B D	h ar	amy
SS	ign	eatt	5
nba	en s	0 H	Po
W.	s be	ď.	3 8
Je Je	e ha	o e	E
N.	ficat	Sta	He
CA	certi	the	9
H.S	his (Ę	Se de
6 9	er t	tig tig	nar
9	. Af	de	8
E	E.	afte	28
RA	REC	SJN.	E
N 0	07	2 ho	1 16
PIT	ERA	in 7.	1
HOS	FUN	WITH.	IAN
里	포	Pa	OR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for it	De 1	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	,,	-	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 CERTIFICATE OF DEATH REG. NO. 24617

	1 - FOR STATE OF MA	RYLAND / DEPAR CERTIF				MENTA	REG. NO.	91	24	617
	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH	, y	EAR 3.	TIME OF DEATH
	4, SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1	YEAR IF	INDER 24 HRS.	7	OF BIRTH	14	BIRTHPL A	NCE (State or Foreign
	577-05-0483 1 M 2 TXF	93 YRS.	MONTHS	DAYS HO	JRS MIN.	12	723718	397 W	est V	Virginia
_	9a. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital				Spri			9c. COUNTY OF DEATH Montgomery		
3	RESIDENCE OF DECEDENT				opii	119		HOHE		
UNECION	Maryland Prince George		TY, TOWN OF							d. INSIDE CITY LIMITS? YES 2X NO
	10. STREET AND NUMBER	e S I A	delp	101. ZIP	CODE			10g. CITIZE		T COUNTRY?
	1801 Metzerott Road			207						States
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	14	yes, specify	ENT OF HISPAI Cuban, Mexica MO Specif	n, Puerto	IN? (Specify Yes Rican, etc.)	or No- 14	Black, W Specify:	American Indian, filta, atc.
	3 Wildowed 4 Divorced				PBO Opeon				Blac	ck
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OC work done do see retired.)	CUPATION uring most of	working	16	b. KIND OF BUS	INESS/INDUS	TRY	
OMPLE	10th Grade	Maid S	Super	viso	r		Privat	e		
3	17. FATHER'S NAME (First, Middle, Last)			18.			Middle, Malden			
	Charlie Hackett 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	G ADDRESS	(Street and N			e Jack		ode)	
2	Robert Vest									ng, MD.
	20a, METHOD OF DISPOSITION 1 2 Cremation 3 Removal from State	20b. PLACE AND DAT of gemetary, cremator Lincoln				9%	2	CATION CIT		All Company and the Company of the C
	4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LICENSEE	Trucolu					al Hor		id, I	Maryland
	> lohm Stuye	+ 111	1						Wash	n. D.C.
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events		OF):	lisei	100					Interval Between Onset and Death
2	resulting in deeth) LAST									
PHYSICIAN: MEDICAL C	Coups und conditions contributing to de	eath but not resulting	In the unc	derlying ca	use given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AA CC DI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		T		OF DEATH (C	heck only	one)			
2	1 YES 2 DINO 1 Diffipation 2 DE	R/Outpatient 3 DOA		ing Home 5	☐ Residence	v				Ç
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	JURY 26b. TII	ME OF JURY	28c. INJURY WORK? 1 YES	2 NO	28d, D	EȘCRIBE HOW II	NJURY OCCU	RED	20 0
IED BY	a pecinion	NJURY — Al home, farm, c. (Specify)	, street, facto	ery, office			CATION (Street a ty or Town, State)	and Number or	Rural Rout	te Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of m									nd manner as stated.
O BE C		u mo			20 66	57	4	> 91	181	lonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE MYROV L. LEN/C/I		oe, Print)	2	309	St	FOREF	1526	RD	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR		-	WA	EATO	N	170			
	SEP 1 1 1991 Julia Sairio	Iron Randoll			-11					

5 V A 1 A V 2 V 9 0 111

funeral director, page 5 should be

filled in by the fulion, or removal.

cremation,

1

1991

detached for use as the bunal-transit permit. Pages 1, 2, 3 should

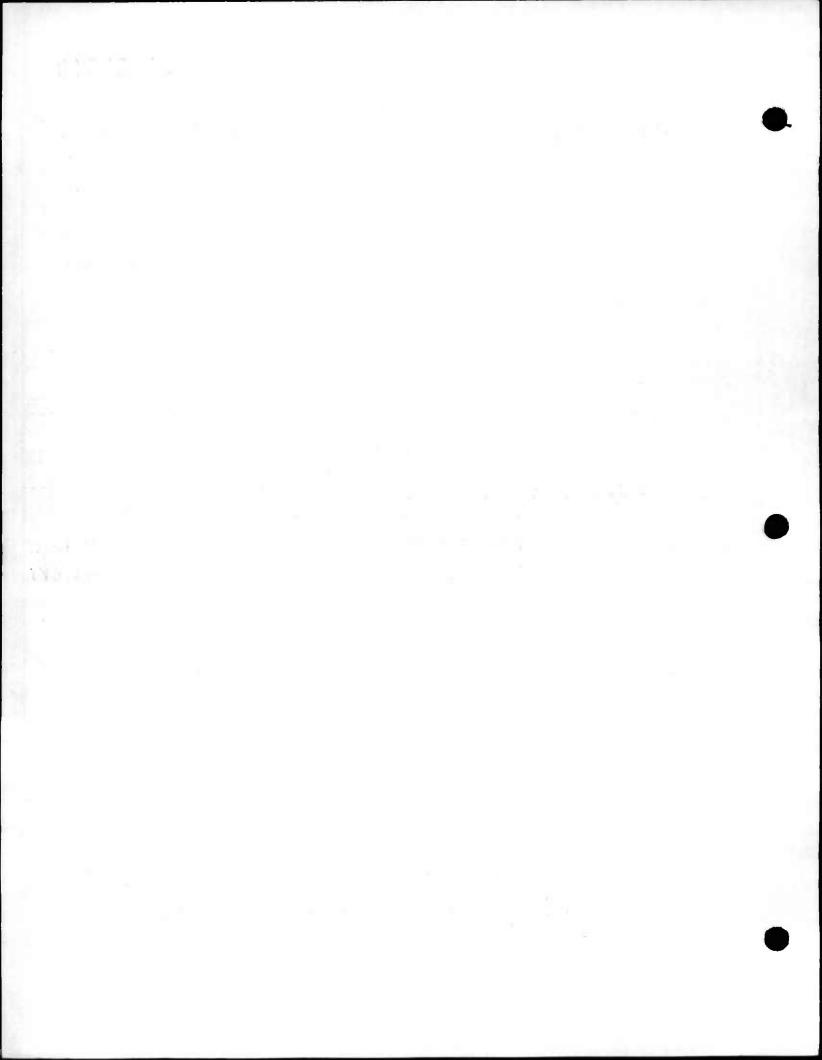
	S	-	.9	-5
	TO THE HIGH IN. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 2.	TO THE FIRE TARENCE DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed with a property after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT Liber 28 is marked, or item 23 shows any Injury, or other traumatic event. th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1	ele	Je.	6
92	P	E	0,	5
8	95	ö	ria	U
9	xec	20	ā	at
\times	63	5	2	E
0	ğ	Cig	0	6
$\mathbf{\alpha}$	cate	8	0	-
	Tif.	0	e e	š
Ö	e ce	July 1	2	0
Δ.	£	5	王	0
10	dea	됞	벁	Š
~	e	the	×	=
×	1 1	5	В	-
\ddot{a}	tha	8	- a	E
$\ddot{\sim}$	SS	6	att	00
ш	Ē	S	Ĭ	3
~	9	Ben	0	Sh
_	A.	0	B	3
4	9	ha	å	2
\vdash	E	ate	ate	5
5	3	Fic.	S	Ξ
	3	P.	the	0
Ö	3	S	£	Ď,
_	폾	₽	3	ž
Z	5	ter	랿	E
0	ā	A	9	50
တ	Ē	8	fer	89
5	1	0	-3	2
=/	9	E	à	E
□ [3	Œ.	鬱	7
١.	匮	蹇	歷	첫
- 3	٧6.	뮟	ž,	Ç
	보	花	¥	M
	w	4	2	K
		Ė	Œ.	7
	2	2	9	≝

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARY RITA TOPPER Mary Tompe 4:40 (. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 7-1-1918 IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Virginia DAYS 579-01-4475 1 - M 2/XF 73 HOURS VRS 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATN University of Maryland Hosp. DIRECTOR Baltimore Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND Anne Arundel Pasadena 1 YES X NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3459 Brookhaven Road 21122 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerlo Rican, etc.)

1 YES 2 XNO Specify: BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Office Work for Elementery/Secondary (0-12) College (1-4 or 5+) 12 Executive Secretary Firefighter Internation 1 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname at James J. 出 Mc Auliffe Nellie Flannagan notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 3459 Brookhaven Road JOhn Topper Pasadena, MD. 21122 20e. METHOD OF DISPOSITION

[X] Quriel 2 Cremetion 3 Removal from State
4 Donation 5 Dhay County pe 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION - Cily or Town, State OATE Donation 5 Other (Specify) Hill Cemetery 9/11/91 Suitland, Maryland examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Nc Cully Funeral Home of Pasadena 3204 Mountain Rd. Pasadena, MD. 21121 medical 00 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onaet and Death** event, the disease or condition resulting in deeth) unga DUE TO (OR AS A CONSEQUENCE OF) other traumatic CD CERTIFICATION Sequentielly list conditions. OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 0 Injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any WI 1 VES 2 NO SW 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetiant 2 | ER/Outpetlent 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF BEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) savo M.D. De -0 9-6 -91 2 30. NAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21201 31. DATE FILEO (Month, Day, 32. REGISTRAR'S SIGNATURE

his Devideon-Randell



BOX 68760,
9
-
00
~~
0
×
O
m
P.O.
0
Ω,
CO
~
C
RECORDS
O
(1
~
ш
α
_
A
est.
OF VITAL
=
-
ti.
~
0
_
DIVISION
0
$\overline{}$
75
U)
_
-
~

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
---	--

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF HEAL	TH AND N		YGIENE EG. NO.	71 24013
	1. DECEDENT'S NAME (First, Middle, Lest)	LEE ERNES	T WALKER			2. DATE OF DI		3. TIME OF DEATH 5:404 M
	4. SOCIAL SECURITY NUMBER 219-07-5545	1 M 2 0 F 7		UNDER 1 YEAR IF U	NDER 24 HRS.	7. DATE OF BI (Month, Day, 08 09	RTH (Mar)	BIRTHPLACE (State or Foreign Country) ANNING S.C.
TOR	90. FACILITY NAME (If not institution, give s ST. AGNES HOSPITA RESIDENCE OF DECEMENT		96	BALT	CATION OF DE			Y OF DEATH
DIRECTOR	10s. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCATION BALT	IMORE			10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
FUNERAL	10e. STREET AND NUMBER			101, ZIP (10g. CITIZE	N OF WHAT COUNTRY?
UNE	2526 MCHENRY ST	12. WAS DECEDENT EVER IN 1	J.S. ARMED	13. WAS DECENDE	21223	C OBIGIN2 (So.	US.	A . RACE — American Indian.
B	N Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN t FORCES? 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 NO ES	If yes, specify (Cuben, Mexican	, Puerto Ricen,	etc.)	Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use ret	done during most of w tired.)	rorking	16b. KIND	OF BUSINESS/INDUS	TRY
DMP	17. FATHER'S NAME (First, Middle, Last)		LABORE					
BE C	EDWARD WALKER					REDDIN	Meiden Surname)	
TO E	19a. INFORMANT'S NAME (Type/Print)						y or Town, State, Zip Co	
	ERNESTINE BROWN 20e. METHOD OF DISPOSITION						BALTO. MD	
	1 Grentler 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State camet	ery, crematory or other p	place)			20c. LOCATION — CIT	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	OWNSVILLE	22. NAME AND AD	DRESS OF FAC	ILITY		SVILLE, MD.
	* Charle	- Kon						HOME, P.A. 3, P.O. BOX 4433
	23. PART I. Enter the diseases, pr	complications that caused t	ha death. Do not a	anter tha moda of	dying, such	es cardiac D	r respiratory stres	t, Approximata
	IMMEDIATE CAUSE (Finel disease or condition							Intarval Between Onsat and Death
	resulting in dasth)	B. DUE TO (OR AS A C	PHLIMO	NALE				
z		b 202 10 (011 A3 A 0	ONSEGUENCE OF):					
CATIO	Sequantisily list conditions, if sny, laading to immediata cause. Entar UNDERLYING CAUSE (Disesse or injury	DUE TO (OR AS A C	ONSEQUENCE OF):					
CERTIFICATION	that initiated events resulting in dasth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
CAL C	PART II. Other significant condition	is contributing to deeth but	not resulting in th	na undarlying cau	se given in F	Part I. 24e, 1	WAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
DIC							PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
: MEDI						_		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE O	F DEATH (Chec	rk onty one)		
SIC	EXAMINER?	HOSFITAL: 1 Inpetient 2 I ER/Outpati		HER: Nursing Home 5			elfv)	
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME OF INJURY				HOW INJURY OCCUP	IED
BY	2 Accident Investigation	200 BLACE OF IN HUDY		M 1 YES				
ETED	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify,) at nome, rarm, atreet	t, factory, office		28f. LOCATION City or Town	(Street end Number or n, Stete)	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination e	ige, death occurred at	the time, date end pl my opinion, death o	ace, end due t	o the cause(s) a	and menner as stated.	euse(s) end manner ee stated.
96	296. SIGNATURE AND TITLE OF CERTIFIER	R			LICENSE NUME			IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHE	O COMPLETED CAUSE OF DEATI	H (ITEM 27) (Type, Print	AGNEC H	In CPIT	Ai or	n da Tor	AVE DAITO
	31. DATE FILED (MONIN, DRV YEAR)	32. REGISTRAR'S SIGNATURE Davidson-Rand	Inc	11	0971/1	70	UN TON	TIVE, BALIO.

2:404

permit. Pages 1, 2, 3 should

DIRECTOR

10a, STATE

MARYLAND

10e. STREET AND NUMBER

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

217-14-5593

1. DECEDENT'S NAME (First, Middle, Last)

RESIDENCE OF DECEDENT

LEWIS

4316 EVANS CHAPEL ROAD

10b. COUNTY

4316 EVANS CHAPEL ROAD

9a. FACILITY NAME (If not institution, give street and number)

C.

5. SEX

WESTBROOK,

6. AGE (In yrs. last birthday)

Helia.	att
ທົ	9
0	2
æ	略
8	iĝ,
20	Dad.
20	100
*	2
₩,	-
_	.5
₹	2
⊨.	_
OF VITAL	A
84	SICIAN
0	82
0	王
DIVISION	9
0	R ATTENDING
75	Z
97	E
>	OR ATT
$\overline{}$	8
_	7
	E
	SS
	¥
	THE HOSPITA
	=
	0

H 2

> ICH 31. DATE FILED (Month, Day, Year)

> > 1991

SEP

FUNERAL filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THOU IF YES, GIVE WAR OR DATES X 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS If yes, specify Cuban, Maxican, Pt. 1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
173 lon kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) TOOL REPAIRMAN **12TH** BETHLEHEM STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First Middle Maiden Surname! notified at LEWIS WESTBROOK, HENRIETTA STRONG BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANNA WESTBROOK 4316 EVANS CHAPEL ROAD, BALTO., MD. 21211 ě 20s. METHOD OF DISPOSITION
1 XBurial 2 Cremation 3 Removal from State
4 Donetion 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State must LAKEVIEW MEMORIAL PARK 9/12/91 SYKESVILLE, MARYLAND examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Glan A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE. BALTO. MD the medical 23. PART I. Entar the disasses, or complications that seused the death. Do not entar the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on sech line. **IMMEDIATE CAUSE (Finel** cremation, disesse or condition resulting in death) uncestix the attending physician and completely internal Hygiene prior to burial, crematic certificate be executed within event. DUÉ TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury Item 23 shows any Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY Heam and Dighetes 1 - YES 2 00 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER: RO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5/ Raeldence 8 - Other (Specify) 4 - Nun marked, or 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF with 2 Accident 5 Pending 1 YES 2 NO After 1 BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) DIRECTOR: Aft hours after dea Item 28 Is n 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🗌 Suicide 8 Could not be determined COMPLETED 4 🗌 Homicide 29a. CERTIFIER

**Chack note CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL (
within 72 h
TANT: If II TO THE FUNERAL be filed within 72 IMPORTANT: If MEDICAL EXAMINER: On the basis of axi ition and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. NATURE AND TITLE OF CERTIFIER 29b. SH 29c. LICENSE NUMBER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

730

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR | IF UNDER 24 HRS.

BALTIMORE

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE

10f. ZIP CODE

21211

DAYS

JR.

24620

YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

14. RACE — American Indian, Black, White, atc.

91

04

3. TIME OF DEATH

8:30 A.

NEW JERSEY

10d. INSIDE CITY LIMITS?

1 X YES 2 | NO

WHITE

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

8. BIRTHPLACE (State or Foreign

REG. NO

10

07

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

09

05

DHMH-16 Rev 1/89

m	9	Q	-22
DIVISION OF VITAL RECORDS, P.O. BOX 68	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and c	thin 72 hours after death with the State Dept. of Health and Mental Hydiene prior to buris
×	83	-	2
\hat{a}	2	25	50
\simeq	9	3	-Ñ
ш	3	E	93
_:	ij.	- 12	e
\circ	ē	Ē	Š
ຕໍ	-	5	Ĩ
_	66	8	E
(A)	o	67	E9
Ö	the	€	2
œ	at	3	and
0	5	8	5
\tilde{c}	SS	S	a
~	5	60	光
~	0	Le le	0
_	>	20	.:
_	6	SS	9
4	e)	2	
-	F	5	き
_	ż	5	ŝ
>	A	E	9
_	33	9	=
	₹.	.60	专
_	6	=	5
Z	9	10	ath
0	5	A	de
~	2	à.	B
"	E	8	aft
>	K	1	2
=	8	5	3
_	_	9	Ĕ
	S	Z	2
	0	EF	9
	8	3	듄

	FOR 1 - STATE	STATE OF MA	RYLAND /	DEPARTI	MENT OF H	IEALTH AND	MENTAL HY	GIENE	11 2	24621
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			RTIFIC	ATE OF	DEATH	2. DATE OF DE	G. NO.	1,	TIME OF DEATH
	William Freder	ick WAL	_TER				MONTH	1991	YEAR	9:40 a
	4. SOCIAL SECURITY NUMBER	53.	AGE (In yrs. les	.,	FUNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BUR	711	a. BIRTHPL	ACE (State or Foreign
	218-12-3200	1 💢 M 2 🗆 F	69 68	YRS, MC	ONTHS DAYS	HOURS MIN.	Oct.	9,1922	Country)	Hall Md.
-	9a. FACILITY NAME (If not institution, give s			91	b. CITY, TOWN C	OR LOCATION OF D	PEATH	9c. COU	NTY OF DEAT	TH
Ē	Franklin Square H	ospital			Rossv	ille		Ва	ltimo	re, Co.
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY, T	OWN OR LOCAT	TION			10	d, INSIDE CITY
	Maryland	Baltimore		Per	ry Hal	1				LIMITS?
₹ AL	10e. STREET AND NUMBER					ZIP CODE		10g. CITI		T COUNTRY?
FUNERAL		1 Dawn Dri				2123	36		15 1	
<u> </u>	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT ET	YES 2.JN		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spe	cify Yea or No-	14. RACE -	American Indian, filta, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			2 NO Speci		HG.)		White
0	15. DECEDENT'S EDU	CATION	16a. DE0	CEDENT'S US	UAL OCCUPATIO	ON	18b. KIND	OF BUSINESS/IND		WITCO
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gh	ve kind of work Do NOT use re	done during mos Wred.)	st of working		01 00011120011110	031111	
MP	12 vrs.		Mar	nager			Blad	ck & Dec	ker	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)		
BE	Louis Chris 19a. INFORMANT'S NAME (Type/Print)	stian Wal					ma M. :			
임	Mrs. D. Naomi Wa	alter	196			nd Number or Rural				
						rive, Ba				
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	cometery, crep	natory or other	esposition(Nai place)	Gardens	9/12/9	Oc. LOCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	201	121 110	22. NAME AN	D ADDRESS OF FA	CILITY	- Rel	Air,	Md.
	* hadgent fless	lutt			11750	Bolan	Road. K	ingere	lle.	ANS 21087
	23. PART i. Enter the diseases, or o shock, or heart fellure.	complications that ca List only one cause	used the dea	th. Do not	antar tha mod	da of dying, suc	h as cardiac or	raspiratory arr	eat,	Approximata
	iMMEDIATE CAUSE (Final disease or condition	0 11								Onset and Daath
	resulting in death)	. Cardiac	Arryt							
z					.03.00					
9	Sequentially list conditions, if any, leading to immediate	Coronar	AS A CONSEC	UENCE OF):	ease					
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
CERTIFICATION	that initiated aventa resulting in death) LAST	DUE TO (OR	AS A CONSEC	UENCE OF):						
빙		1								
1	PART II. Other significant condition	s contributing to das	th but not re	aulting In ti	ha underlying	cause given in		AS AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
DIC.	Chronic Renal	Failure						ERFORMED?	co	MPLETION OF CAUSE
ME	Cerebral Vascu	lar Diseas	e				_	20 20 100		DEATH? YES 2 NO
ä										3
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1.07	28. PL/	ACE OF DEATH (Ch	eck only one)			
PHYSICIAN: MEDICA	1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:			Nursing Home	5 Realdence	6 Other (Specif	y)		
	Natural 5 Pending	28a. DATE OF INJU	bar)	28b, TIME OF INJURY	WOR	RK?	26d. DEŞCRIBE	HOW INJURY OCC	URED	
ВУ	2 Accident Investigation 3 Suicide & Could ask ha	28a. PLACE OF IN.	JURY — At hom	a larm street		ES 2 NO				
TED	4 Homicide S Could not be determined	building, atc.	(Specify)	io, ioini, ottoo	r, ractory, ornea		City or Town,	Street and Number State)	or Rural Route	Number,
1	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my i	knowledge, dest	th occurred at	the time data a	and place, and due	to the source ()			
COMPLET	2 MEDICAL EXAMINE	R: On the beals of examin	nation and/or in	vestigation, in	my opinion, de	ath occured at the	lime, data and pla	ca, and dua to the	i cause(a) and	1 manner as stated.
BE	296. SIGNATUME AND TITLE OF CERTIFIER	11.1	0			29c. LICENSE NUA	MBER			nth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	Un	070 /2		N/A		Sep	t 9,	1991
	ROSTE W.	MCNATA	C C	9000 F	ranklir	n Square	Drive,	Baltim	ore,	Md 21237
1 11	31. DATE-FILED (Month Day Year)	As projetnasis								

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNE A meeting the character has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed with Talloum and death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT IN them 26 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Morith, Day, Year) SEP 1 1 1991

	FOR CTAT	F OF MADVIAND /	DEDARTMENT	OF HEALTH AND 1	AFNITAL HWOLENE	9	1 2462
	1 - STATE REGISTRAR	E OF MARYLAND / CE	RTIFICATE	OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Thelma E.	West			2. DATE OF DEATH MONTH DAY	7 91	3. TIME OF DEATH 7:55 AM
	4. SOCIAL SECURITY NUMBER 577-40-8213 5. SEX	102	t birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS, DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry) Ashington, D.
TOR	Sa. FACILITY NAME (If not institution, give street and not washin Grow Add	14	Sp TA	KOMA	000.	Prince	George's
DIRECTOR	Maryland Prince Ge	orge's	Forest	rille, V.	NO		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6529 Hilmar Pr	we # 30	4	101. ZIP CODE 20	747	Unite	d States
BY FU	1 Nove Mandad 2 No Mandad FORG	DECEDENT EVER IN U.S. ADICES? 1 YES 2 N S, GIVE WAR OR DATES	10	MAS DECENDENT OF HISPAN f yes, specify Cuben, Mexica I YES 2 NO Specify	n, Puerto Rican, etc.)	Bir	CE — American Indian, ick, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College 12th Grade	(Gi (1-4 or 5+)	cebent's usual of the kind of work done Do NOT use retired.)	CCUPATION furing most of working	16b. KIND OF BUS		
OMI	17. FATHER'S NAME (First, Middle, Last)		erirea	18. MOTHER'S NA	ME (First, Middle, Maiden S	rate Sumame)	
BE C	Samuel B. Holt			Ве	atrice St	tarks	
TO E	19a. INFORMANT'S NAME (Type/Print)			(Street and Number or Rural			
_	Karen West Johnson		9906 Ja	cqueline D		Vashine CATION — City or	
	1 Suriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State of cemetary.	crematory or other p	lace)_		100	, Maryland
	21. SIGNATURE OF PURIERAL SERVICE LICENSEE	twent.	33	NAME AND ADDRESS OF FA Tewart Fun 001 Bennin	eral Home	5	
	23. PAFF I. Enter the disesses, or complice shock, or heart failure. List only IMM* DI TE CAUSE (Finel disease) or condition	one cause on sech line	l.	the mode of dying, suc	h as cardisc or respi	ratory srrest,	Approximata Interval Batween Onset and Daath
	recuiting in death) s	DUE TO (OR AS A CONSECUTION OF THE CONSECUTION OF T		Shoolo			
ON	Sequentially list conditions, if any, leading to immediate	- 0	OUENCE OF):	1000	, 1		
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	Acute.	miple	wollend o	ufasel		
ERTIFICATION	that initiated events resulting in death) LAST	Ces me		uj dise	ne		
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contrib	buting to death but not r	resulting in the ur	darlying couse given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M					- 100		1 TYES 2 NO
NAK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C)	eck only one)		n
YSIC	11001	ITAL: atlant 2 ER/Outpatient 3	DOA 4 Nur	R: sing Home 5 🗆 Realdence	6 Other (Specify)		1330) 27
BY PH	27. MANNER OF DEATH 286 1 Netural 5 Pending 2 Accident Investigation	Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW II	JURY OCCURED	G= 0
8	4 Homicide determined	b. PLACE OF INJURY At he building, etc. (Specify)	ome, farm, street, fac	tory, office	281. LOCATION (Street a City or Town, State)	nd Number or Rur	al Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To Description 2 MEDICAL EXAMINER: On the						e(a) and manner se stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Esha	IM IN	29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year)
ဥ	30, NAME AND ADDRESS OF PERSON WHO COMPL			1226	127	0/	c+ / / /

32 REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Business Francis III Francis

permit. Pages 1, 2, 3 should

burial-transit

must

examiner

medicai

the

event.

traumatic

other

6

injury.

shows any

item 23

marked, or

28 is

Hem

30

PORTANT

31. DATE FILED (Month, Day, Year)
SEP 1 1 1991

DALLIMONE, MANICAND 21213-0	. Page 6 may be retained by the hospital or attending	ral director, page 5 should be detached for use as the
מאר	ours after death.	in by the funer ir removal.
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

91 24623 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 29 O MONTH 9 YEAR HERBERT WHITCOMB, SR. 1:04 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH (Month, Day, Year) 62 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 - F MONTHS DAYS HOURS Md. 215-78-6940 9e. FACILITY NAME (If not institution, give street and number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore City 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2920 E. Madison St. 21205 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 YES 2 NO BY Specify: 3 Widowed 4 Divorced Specify: Cauc. ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Unk. Unk. Jockey Racing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Herbert Roberts Mildred Whitcomb 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Thomas Jones 2920 E. Madison St. Baltimore, Md. 21205 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Oak Lawn Cem. 4 Donation 6 Other (Specify) 9/3 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2818 E. Baltimore St. B. Dabrowski & Son Baltimore, Md. 21224 23. PART I. Enter the diseases or complications that caused the spath. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onast and Death disease or condition resulting in death) who Cerebellar DUE TO (OR AS A CONSEQUENCE OF): Cocaine with CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
11 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending M BY 1 YES 2 NO Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as atteted. (Check only one) 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) hute no ▶08/30/91 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3. REGISTBAR'S SIGNATURE Fulia Davidson-Randall

111 PENN STREET, BALTIMORE, MARYLAND 21201

Bear In

	1. DECEDENT'S NAME (First, Middle, Las		CENTIFIC	ATE OF DEA	1	REG. NO.				
- 3	Mary	Acr	rigoni		2. DAT MON	E OF DEATH TH DAY	YEAR 6,55			
	4. SOCIAL SECURITY NUMBER 578 484 544	6. SEX 6. AGE		ONTHE DAYS HOURS		e OF BIRTH oth, Day, Year) AS-AA	BIRTHPLACE (State or Foreign Country) Pennsylvani			
~	9a. FACILITY NAME (If not institution, give	1 17 1		b. CITY, TOWN OR LOCAT	TON OF OEATH	9c. COUNT	Y OF DEATH			
TOF	Presidentia	1 Woods		+ delphi		1 1.	6.			
DIRECTOR	106. STATE 106. COU	ince George's	1190	rown or Location Silver Spri	ing		10d, INSIDE CITY LIMITS? C YES 2 N			
FUNERAL	8260 New Hamps	hire Ave		101. ZIP COI	DE 20903	USA	N OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED S 2 NO DATES	13. WAS DECENDENT	OF HISPANIC ORIG		4. RACE — American Indiar Black, White, etc. Specify: White			
E	15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	(Give kind of wo	NT'S USUAL OCCUPATION 16b, KIND OF BUSH d of work done during most of working						
COMPLET	Elementary/Secondary (0-12) 1-12	College (1-4 or 5+)		Ite. Do NOT use retired.)						
OM	17. FATHER'S NAME (First, Middle, Last)		I Seamtr		THER'S NAME (First,	Woodward & :	Lornrop			
Ш	Pietro Ga	nossa			Caterina	Ganassa				
TO B	190. INFORMANT'S NAME (Type/Print) Placatitonio Arr	iconi				mber, City or Town, State, Zip C				
		igoni				ring, Md. 20				
	20a_NETHOD OF DISPOSITION 20b_PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c_LOCATION — City or Town, State									
	Gate of Heaven Cemetery Silver Spring, Md. 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home									
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da									
MEDICAL	PART II. Other algorificant condit Cheonic Poriphoral Biggeral	enal Fail a	UP HYD	the underlying couse	given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 70	24b. WERE AUTOPSY PR AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
IYS	1 VES 2 NO	1 Inpetient 2 ER/O	stpatient 3 DOA	Mursing Home 5 1						
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) ULANI	WORK?		ESCRIBE HOW INJURY OCCU	INEO			
TED	3 Suicide 6 Could not determined	building, etc. (S)	RY — At home, farm, str pecify)	eet, fectory, office		CATION (Street and Number of ty or Town, State)	r Hural Route Number,			
COMPLET		YSICIAN: To the best of my kno								
	286. BIOMATHIE AND TITLE OF CENT	- 0			CENSE NUMBER		SIGNED (Month, Day, Year)			
) BE	sut f	-to								
5	36. NAME AND ADDRESS OF PERSON	POST 2 P	DEATH (ITEM 27) (Type, I	rint) 75 00 G	breen v	ray Cat-	Pr.			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			Jer, 1	14 2-7				

		Sage	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	G PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after deal	IMPORTANT: If Item 28 Is m

DIVISION OF VITAL RECORDS,

1 - STATE REGISTRAR	SINIE UF MANT	CERTIFIC	ATE OF		REG. 1		1 27020
1. DECEDENT'S NAME (First, Middle, Last)	2	- 1	/D A D mx D	77)	2. DATE OF DEATH	8/3/91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	(BARTLE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		BIRTHPLACE (State or Foreign Country)
DILY - 42-7692		90 YRS.	CITY, TOWN OF	LOCATION OF DE	6-15-1	90 Pe	enna.
UNION MEM				MORE			o. City
10a. STATE 10b. COUNT MD	Kent		OWN OR LOCATION		HESTERTOW	N, Md.	10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO
104. STREET AND NUMBER Camp	ous Ave.		14	ZIP CODE 21620		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married Widowed 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S PNO	13. WAS DECE If yea, spec 1 - YES	offy Cuben, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, atc. 7	Ves or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use re Owner &	k done during most stired.)	t of working		BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Lest) Th	nomas Redmilo		operati	18. MOTHER'S NA	ME (First, Middle, Mei zabeth C	den Surname)	•
190. INFORMANT'S NAME (Type/Print) Elaine Bartley	Wells		eston A	d Number or Rural	Route Number, City or Ltimore,	Town, State, Zip Co	de)
20a, METHOD OF DISPOSITION B1 1 K Burler 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	novel from State	20b. PLACE AND DATE OF	F DISPOSITION (DATE 20c	LOCATION — City	
21. SHIP UP OF FUNERAL SERVICE LI	CENSEE W 0	lls		llis Wel	P.	0. Box #	
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate	· CONSC	B A CONSEQUENCE OF):	1~ F	areti T	Fail	110	Interval Between Onset and Des
csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	1 0	B A CONSEQUENCE OF):	r S'			-	
PART ti. Other significant condition	ns contributing to death	but not resulting in	the underlying	cause given in	PER	S AN AUTOPSY FORMED? S 2 \(\sum \) NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	eck only one)		
1 YES 2 NO	1 Dispetient 2 ER/O	utpatient 3 DOA 4	☐ Nursing Home		6 Other (Specify)	OW INJURY OCCU	RED
1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year	r) INJUR	M 1 V	ES 2 NO			
3 Suicide 6 Could not be 4 Homicide datermined	26e. PLACE OF INJU building, etc. (S	IRY — At home, farm, stre (pecify)	et, factory, office		26f. LOCATION (St City or Town, S		Rural Route Number,
one)	SICIAN: To the best of my kn						cause(a) and menner as atated.
29b. SIGNATURE AND TITLE OF CERTIFI	en lon	000		29c. LICENSE NU	MBER	29d. DATE S	BIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF		4	Me	norio	- (14a50
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI			/ ()		- 1	(

DHMH-16 Rev 1/89

and the second of the second

10a STATE

DIRECTOR

1. DECEDENT'S NAME (First, Middle, Lest)

5. SEX

1 🗆 M 2 😾 F

Queen Anne's

4. SOCIAL SECURITY NUMBER

Maryland

10e STREET AND NUMBER

29 '91

231-24-2099

9a. FACILITY NAME (If not institution, give street and number)

Dogwood Village, Apt.

10h. COUNTY

10c CITY TOWN OR LOCATION

DAYS

HOURS

10f ZIP CODE

Mary Elizabeth Breedlove

6. AGE (In yrs. lest birthday)

BALTIMORE, MARYLAND 21203-3146

FUNERAL 21668 Dogwood Village Apt. A-112. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 X Married BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 11 Assembly line 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) TO George Walker Hager, Sr notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Poole Box 181, Millington, must be 20a. METHOD OF DISPOSITION
1

↑ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 7/29 Woodlawn 4 Donation 5 Other (Specify) Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY Mimas 106 Shamrock RD, Chester, n by the fremoval. medical filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. cremation, or IMMEDIATE CAUSE (Finel the disease or condition Cardio pulmoran completely event. resulting in death) DUE TO (OR AS CONSEQUENCE OF): an and com to burial, c Acheria traumatic NO Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to If any, leading to immediate MASS RIPLY
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICAT cause. Enter UNDERLYING CAUSE (Diseese or Injury other that initisted events resulting in death) LAST 0 the atter Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by the any shows a Wor been t. of ! R/o eccult PHYSICIAN: certificate has be in the State Dept. Metas 191 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF this c marked, 1 Natural M 1 YES 2 NO After BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) FUNERAL DIRECTOR: Aff within 72 hours after de: TTANT: If Item 28 is n 3 Sulcide 6 Could not be determined LETED 4 Homicide OR O 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated. COMPL HOSPITAL TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 0 23889 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. John C. Arrabal, Mid-Town Mall, Chestertown, Jr. Jula Jay don HANDER 31. DATE FILED (Month, Day, Year)

2. DATE OF DEATH 3. TIME OF DEATH 1991 DAY July 26, 8:30 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 01/25/ Tazewell. VA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH <u>Queen Anne's</u> Sudlersville 10d. INSIDE CITY 1 YES 2 NO Sudlersville 10g. CITIZEN OF WHAT COUNTRY? S.A. 14. RACE — American Indian, Black, White, stc. Specify: white 16b. KIND OF BUSINESS/INDUSTRY Electronics Mary Agnes Anderson 21651 20c. LOCATION — City or Town, State MD Easton, Talbot Co., Tom Helfenbein Funeral Homes, PA 21619 Approximate Interval Betwe Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 129/9

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. The filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

M ----

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	711 - 01		REG. N	· ·				
733					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
Floyd					MONTH 8	~	91	2315		
4. SOCIAL SECURITY NUMBER 217-28-1514			NTHS DAYS	HOURS MIN.	May 23	1932	Mar.	PLACE (State or Foreign Yland		
Frederick Memori	9a. FACILITY NAME (If not institution, give alreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH Frederick Memorial Hospital Frederick Frederick									
10e. STATE 10b. COUNT								10d. INSIDE CITY LIMITS? 1X YES 2 NO		
100. STREET AND NUMBER 288 Pinoak Drive	8		101	ZIP CODE 2170)1	10g. CITIZ		VHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:	Yea or No-	14. RACE Black Specie	- American Indien, White, atc.		
15. DECEDENT'S ED (Specify only highest grad	de completed)	18a. DECEDENT'S US (Give kind of worl life. Do NOT use n	RUAL OCCUPATION do during monetired.)	ON at of working	16b. KIND OF I	BUSINESS/INDU	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	machine	0.00	r			eel	Company		
17. FATHER'S NAME (First, Middle, Last) Charles Arthur B	urkett				ME (First, Middle, Meldle V. Stot					
19a. INFORMANT'S NAME (Type/Print) Irs. Kathleen B.	Burkett.				Route Number, City or ederick,					
20s_METHOD OF DISPOSITION 1	2	Ob. PLACE AND DATE O	F DISPOSITION	(Name		LOCATION C	City or To			
21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AT	no ADDRESS OF FA	Basford	Funeral	1. Ho			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	1 lu	ng_						
			the underlyin		-20 1		Lan			
PART II. Other algorificant condition dishet	is pane	reality		g cause given in	PER	FORMED?	246	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
diahit 25. WAS CASE REFERRED TO MEDICAL	- type &		26. P	g cause given in	1 PER	FORMED?	240	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: Inpetient 2 = ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	26. POTHER: Nursing Honor 28c. IN. WY	LACE OF DEATH (C)	1 PER	FORMED? 3 2 NO		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	26. P.P. THER: Nursing Hon OF 28c. IN. W 1	LACE OF DEATH (C) ne 5 Residence JURY AT PROPERTY PROPE	PER 1 YES	FORMED? 3 2 NO W INJURY OCC	CURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	tpatient 3 DOA 4 29b. TiME (INJUE) TY — Al home, farm, struccify)	26. P) THER: Nursing Hon NY M 1 aet, factory, office	LACE OF DEATH (C) ne 5 Residence JURY AT JURY AT JURY 2 NO ne and place, and du	PER 1 YES 1 VES 1 VES 1 VES 2 Chief (Specify) 2 Chief (Specify) 2 Chief (Specify) 2 Chief (Specify) 2 Chief (Specify) 2 Chief (Specify) 2 Chief (Specify) 2 Chief (Specify) 2 Chief (Specify) 2 Chief (Specify)	W INJURY OCC	or Rural i	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY building, etc. (Sp 7SICIAN: To the best of my knot NER: On the basis of axaminet	tepetient 3 DOA 4 29b. TIME (INJUE) TY — At home, farm, streedily) wiledge, death occurred ion and/or investigation,	26. PITHER: Nursing Hon OF 28c. N. W. M 1 set, factory, office at the time, date in my opinion, of	LACE OF DEATH (C) The 5 Residence JURY AT PKS 2 NO The pand place, and du death occurred at the 29c./LICENSE NU	PER 1 YES 1 VES 1 VES 1 Other (Specify) 28d. DESCRIBE HO 26f. LOCATION (Sin City or Town, Sin or to the cause(a) and a time, date and place MBER	W INJURY OCC eet and Number manner as state, , and dua to th	or Rural	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and menner se stated. O (Month, Day, Year)		

NUMBER OF STREET

defined and the second sections are sections as the second section of the section

THE AND DESCRIPTION OF THE PARTY OF THE PART

The first than the state of the Committe

product and the second the

marting a year. The second statement of the second

Mrs. Madican I. Rupa St. Pinosk Pinosk Prima . Cont.

Analysis protesting transfel organic month trans.

The same of the state of the st

4.

1. Dero

CIVA

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER 216-18-1763 9e. FACILITY NAME (If not institution, give streen the streen than the	1 □ M 2/NF	RITE AGE (In yrs. 14	BUT'	<u>ES</u>					B DAY	25	97	09/0 A
216-18-1763 9e. FACILITY NAME (If not institution, give stre- Frederick Memoria: RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1 □ M 2/2 F		est birthday)	IF UNDER					8 25 91 U7/UA			
9e. FACILITY NAME (If not institution, give stree Frederick Memoria RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF B (Month, Day Jan	22.19	09	8. BIRTH	PLACE (State or Foreign
Frederick Memoria. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				9b. CITY	, TOWN (R LOCATIO	ON OF DE			9c. COUN		
10a. STATE 10b. COUNTY	l Hospita	1			96. CITY, TOWN OR LOCATION OF DEATH Frederick				Frederick			
TRA.	Frederick			ry, town or location iddletown							10d. INSIDE CITY LIMITS? 1 YES 2X NO	
100. STREET AND NUMBER 7799 Grandview Ct.					101. ZIP CODE 21769					10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
1 Never Married 2 Namied 3 Nidowed 4 Divorced	IF YES GIVE WAR OR DATES				If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			, atc.)	Yes or No- 14. RACE — American Indian, Black, White, atc. Specify: White			
15. DECEDENT'S EDUCA			18a. DECEDENT'S USUAL OCCUPATION				18b, KIN	D OF BUSI	NESS/IND			
Elementary/Secondary (0-12)	(Specify only highest grade completed) entary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.)						,		
	4			homemaker				own home				
17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME							umame)		
Edward Hamill								osnaug				
19a. INFORMANT'S NAME (Type/Print)									iddletown, Md. 21769			
Paul A. Butts		T										
26a. METHOD OF DISPOSITION 1 Burlal 22 Cremation 3 Remov 4 Donation 5 Other (Specify)	ation 3 Removal from State of cemetary, cumetory or other place) Smithsburg Crematory						8/28	Smit				
21. SIGNATURE OF FUNERAL/SERVICE UCE	Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md.							21769				
disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): All 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A CONSEQUENCE OF):											
A COCT STAGE OF THE PERF						WAS AN A PERFORM	MED?	24b	. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?			
								-				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: OTHER:											
	1. Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)								teamer = = =			
MANNER OF DEATH Natural 5 Pending Investigation			28b. TIME OF 10 28c. INJURY AT WORK? M 1 YES			PRK?] NO	26d. DEŞCRIBE HOW INJURY OCCURED				
2 Accident 3 Suicide 6 Could not be determined 4 Homicide determined 26e. PLACE OF INJURY — At home, farm building, atc. (Specify)					street, factory, office 28f. LOCATION City or Town			N (Street an wn, State)	(Street and Number or Rural Route Number, n, State)			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	IAN: To the best of m											n) and manner as state
296. SIGNATURE AND TITLE OF CERTIFIER	R.	151	91.			29c. LIC	ENSE NUI	MBER	i G	29d. DATE	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE		EM 27) (Type	s, Print)								

deat	fun fun	еха
after	by the	icai
OUIS	or re	med
17	filled jon,	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun- he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exar
uted	Fig.	ic e
exec	to bu	mat
e pe	Siciar	JE .
rtificat	g phy iene	ther
h ce	Hydin	00
deat	e afte	'n,
the	M th	宣
that	th air	апу
nires	Sign	SWO
A rec	t. of	Sh
e av	has	23
F	Cate	ie.
CIA	the	6
N.Y.	this c	ked
NG	fter the	mar
END END	R: A	
A	ECTO aff	n 28
98	PIG	Ten
PITA	PAL S	1
ESS.	FUN	IAN
뿓	出	PO
2	2 2	E

STATE OF	MARYLAND / I	DEPARTMENT O	OF HEALTH	AND	MENTAL	HYGIENE
	CE	RTIFICATE (OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.	E		
	1. OECEOENT'S NAME (First, Middle, Last)	MICHAEL D	AVID BU	RION		2. DATE OF DEATH DATE OF AUGUST 28	, 1991 T	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-92-3102	1½ M 2 □ F 27	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) March 26,	1964 M		
TOR	96. FACILITY NAME (If not institution, give a 1721—D Chrisemmet		st Hill	ATH	ec. county of DEATH Harford				
FUNERAL DIRECTOR	100. STATE 10b. COUNT Maryland	Y		town on Locat			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO		
RAL	100. STREET AND NUMBER 3827 Foster Ave.			101	ZIP CODE 21224			OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 □ VES 2 ☑ Nr IF YES, GIVE WAR OR DATES			If yes, spe	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)			rork done during mo e retired.)	st of working	USINESS/INDUSTRY			
	12 17. FATHER'S NAME (First, Middle, Lest) Eaward Preston	Burton, Jr.	Manager	nager Refrigeration 18. MOTHER'S NAME (First, Middle, Melden Surname) Dorothy Marie Friend					
TO BE	190. INFORMANT'S NAME (Type/Print) Edward P. Burton,				nd Number or Rural I	Forest I	n, Stete, Zip Cod		
	20a, METHOD OF DISPOSITION 1 N Burlet 2 Cremetlon 3 Rem 4 Donetion 5 Other (Specify)	ır.	place of dispos other place) inity Lu	theran C	hurch Ce	metery Jo	oppa, M		
	21. SIGNATURE OF FUNERAL SERVICE LI	Ve Como	014		d K. McC Cokesbur		uneral ngdon,	Home, P.A. Md. 21009	
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	B. DISSEMINA DUE TO (OR AS A DUE TO (OR AS A C.	ech lina.	KAPOSI'S			iretory arrest,	Approximata Interval Between Onset and Daath Luce LS Lyman LS	
PHYSICIAN: MEDICAL CERTII	PART II. Other significant condition	d			g ceuse given in	Part I. 24a. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	nation: 3 DOA	OTHER:	ACE OF DEATH (Ch	s C Other (Specify)			
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT PRICE 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D	
	3 Suicide 8 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Nu City or Town, State)							tural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.								
TO BE	296. SIGNATURE AND LITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER					MBER	29d. DATE SIONED (Month, Day, Year) 8-28-9		
	Aurony Rosen	M.D JOHNS H	H DUINSH	BITAL, 6	00 H. Wo	LE STREET,	BALTIMA	le,21205,4D	
	31. DATE FILED (AUG 28 191	32. REGISTRAR'S SIGN	dson-Rand	.82.					

			should
(Sec. 1
	and the same	-	permit.
	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit pe
	-	£	22

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

 DECEDENT'S NAME (First, Middle, 	-						EATH				
								2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	llswo			BRA				AUCUST 24	190		12:48A
4. SOCIAL SECURITY NUMBER 234-38-7885	-	SEX 8	. AGE (in yrs. le	YRS.	MONTHS C		UNDER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year) 12-29-192		Country)	LACE (State or Foreign
Sa. FACILITY NAME (If not institution,	, give street	end number)			9b. CITY, T	OWN OR L	OCATION OF DI		9c. COUNT	Y OF DE	ATH
Memorial Hospi	tal				Cumbe	rland	d		Alle	gany	
	COUNTY			10c. CITY, TOWN OR LOCATION					10d. INS		
W.Va M:	inera	1		Ri	dgely				150		
10e. STREET AND NUMBER						101. ZtP	CODE		10g. CITIZ	EN OF WI	IAT COUNTRY?
10 3rd Ave						267	718		USA		
11. MARITAL STATUS	12	. WAS DECEDENT I				AS DECEND	ENT OF HISPAI	NIC ORIGIN? (Specify Ye			- American Indien, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	4	FORCES? 1 F	OR DATES	If yes, specify Cuben, Mexicen, Puerto Rican, etc 1 ☐ YES 2 ☑ NO Specify:						Warn'y	
15. DECEDENT	16e. D	ECEDENT'S	USUAL OCC	UPATION		16b. KIND OF BU	ISINESS/INDU	STRY			
(Specify only highes Elementary/Secondary (0-12)	6	(Give kind of work done during most of working life. Do NOT use retired.)			working						
12		College (1-4 or 5+)		Trackman Chessie			Rai	road			
7. FATHER'S NAME (First, Middle, Li	ast)				18. MOTHER'S NAME (First, Middle, Ma						
George E. Bray				Ina S							
9a. INFORMANT'S NAME (Type/Prin		9b. MAII IN	ADDRESS /	Street and A			en State 7in	Code			
David A. Burde				196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, PO Box 523 Kitzmiller, Md 21538						Journ	
Ga. METHOD OF DISPOSITION			-						DOSTION	Man	n Park
Buriet 2 Cremation 3		from State	of cemetar	y. crematory	or other place	ce)	ma		OCATION — C		
Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV			100	r. Cem	etery		DORESS OF FA	8+26-91	Elk G	arde	n W.Va
23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Finel disease or condition	s, or com	picetions that	caused tha co on each life	laath. Do				h ae cerdiec or res			Approximate interval Batw Onset and Da
Sequentially list conditions,	b	(er AS A CONS	Equency	ine						
cause. Entar UNDERLYING CAUSE (Disesse or injury that initiated eventa	d	DUE TO (C	R AS A CONS	0							
cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated eventa resulting in death) LAST	d			0		lerlying ca	ause given in	Part I. 24a. WAS A PERFC	N AUTOPSY PRMED? 2 NO		AMAILABLE PRIOR TO
cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated eventa resulting in death) LAST PART II. Other significant cor				0				PERFC	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant cor 15. WAS CASE REFERRED TO MEDI EXAMINER?	ICAL H	contributing to d	eeth but not	resulting	in the und	26. PLACE	E OF DEATH (C	PERFC 1 YES	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cores. See that the second of the second o	ICAL H	iontributing to d	eath but not	reculting	OTHER:	26. PLACE	E OF DEATH (C	PERF(1 YES heck only one) 8 Other (Specify)	PRMED?		AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cores. See that the second of the second o	ICAL H	contributing to d	eath but not	resulting 3 □ DOA 28b. Till	OTHER:	26. PLACE	E OF DEATH (C)	PERFC 1 YES	PRMED?		AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant cores. Was CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pendin Investigned	ICAL H	iospital: Inpetient 2 Dit Inpetient 2 Dit Inpetient 2 Dit Inpetient DATE OF In (Month, Dey	eath but not	resulting 3 🗆 DOA 28b. TII	OTHER:	26. PLACE ing Home 5 88c. INJURY WORKT 1 YES	E OF DEATH (C)	PERF(1 YES heck only one) 8 Other (Specify) 2ed. DE\$CRIBE HOW	INJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAU: OF DEATH! 1 YES 2 NO
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significant cores. Was case referred to Mediexammer? 1 Yes 2 NO 17. MANNER OF DEATH 1 Natural 5 Pendin	ICAL H	COSPITAL: Inpetient 2 1 280, DATE OF II	eeth but not ER/Outpetient JURY Year)	resulting 3 🗆 DOA 28b. TII	OTHER:	26. PLACE ing Home 5 88c. INJURY WORKT 1 YES	E OF DEATH (C)	PERF(1 YES heck only one) 8 Other (Specify)	INJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAU: OF DEATH! 1 YES 2 NO
CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cor 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin 1 YES 2 NO 27. MANUAL 5 Pendin 29. Accident Investig 3 Suicide 8 Coutd 4 Homicide determ 29e. CERTIFIER (Check only	ICAL H	COSPITAL: Inpetient 2 Inpe	eeth but not ER/Outpetient IJURY Year) INJURY — At I	3 DOA 28b. Till IN	OTHER: 4 Nursing Market of 2 JURY M street, factor	28. PLACE ng Home 8 88c. INJURY WORK? 1 ☐ YES ry, office	E OF DEATH (C	PERF(1 YES heck only one) 8 Other (Specify) 2ed. DESCRIBE HOW 26f. LOCATION (Street	INJURY OCC	URED or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATHY 1 YES 2 NO
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significant cor 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin 1 Natural 5 Pendin 2 Accident 3 Sulcide 8 Could determ 29e. CERTIFIER (Check only One) 2 MEDICAL E	ing ing ing ing ing ing ing ing ing ing	COSPITAL: Inpetient 2 Inpe	eeth but not ER/Outpetient IJURY Year) INJURY — At I	3 DOA 28b. Till IN	OTHER: 4 Nursing Market of 2 JURY M street, factor	26. PLACE ing Home 15 28c. INJURY WORK's 1 YES ry, office ine, date enc	E OF DEATH (C	PERFÉ 1 YES 1 YES 1 YES 1 YES 1 Other (Specify) 2 ed. DESCRIBE HOW 2 of. LOCATION (Street City or Town, Stell e to the ceuse(e) end me time, date end place,	INJURY OCC	URED or Rural Ro dd.	COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin 1 Netural 5 Pendin 2 Accident Investig 3 Suicide 8 Could 4 Homicide determ 299. CERTIFIER (Check only 1 CERTIFYING	ing ing ing ing ing ing ing ing ing ing	COSPITAL: Inpetient 2 Inpe	eeth but not ER/Outpetient IJURY Year) INJURY — At I	3 DOA 28b. Till IN	OTHER: 4 Nursing Market of 2 JURY M street, factor	26. PLACE ing Home 15 28c. INJURY WORK's 1 YES ry, office ine, date enc	E OF DEATH (C	PERF(1 YES 1 YES 1 YES 1 YES 2 Other (Specify) 2 ed. DESCRIBE HOW 2 off, LOCATION (Street City or Town, Steff e to the cause(e) end me time, date end place, office the cause of th	INJURY OCC	URED or Rural Ro dd.	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH! 1 YES 2 NO Pute Number,
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significant cor 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin 1 Natural 5 Pendin 2 Accident 3 Sulcide 8 Could determ 29e. CERTIFIER (Check only One) 2 MEDICAL E	HOAL H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IOSPITAL: Inpetient 2 1 28e. DATE OF IP (Month, Dey. 28e. PLACE Of building, et	eeth but not ER/Outpetient JJURY Year) INJURY — At I IN, URY	reculting 3 DOA 28b. Tis IN home, farm,	OTHER: 4 Nursil ME OF 2 JURY M street, fector	26. PLACE ing Home 15 28c. INJURY WORK's 1 YES ry, office ine, date enc	E OF DEATH (Cl	PERF(1 YES 1 YES 1 YES 1 YES 2 Other (Specify) 2 ed. DESCRIBE HOW 2 off, LOCATION (Street City or Town, Steff e to the cause(e) end me time, date end place, office the cause of th	INJURY OCC	URED or Rural Ro dd.	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH! 1 YES 2 NO Pute Number,
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significant cor 25. WAS CASE REFERRED TO MEDI EXAMINER? 1	ICAL H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OSPITAL: Inpetient 2 I 28e. DATE OF II (Month, Dey) 28e. PLACE OF building, et	eath but not ER/Outpetient IJURY Year) INJURY — At I	3 DOA 28b. Till IN home, farm, death occur investigation	OTHER: 4 Nursil ME OF 2 JURY M street, fector	28. PLACE ring Home 18 28c. INJURY WORK? 1 YES ry, office rie, date enc	E OF DEATH (C	PERF(1 YES 1 YES 1 YES 1 YES 2 Other (Specify) 2 ed. DESCRIBE HOW 2 off, LOCATION (Street City or Town, Steff e to the cause(e) end me time, date end place, office the cause of th	INJURY OCC	URED or Rural Ro dd.	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH! 1 YES 2 NO Pute Number,

	£	0	64
	pe	물	-
-	tai	Sho	1
	9	2	6
	ğ	age	2
	may	0	7
	9	65	ME
	30e	all of	-
	d.	त्व	ď
i	ath	2	5
	9	- S	N.
3	fter	\$ 5	1
	60	3 5	P
_	3	= 5	6
		Illed n. c	
	3	y fi	4
Т	1	ele Ele	-
5	*	ig in	5
	ted	8 7	
	100	E S	ati.
	8	2 2	8
	8	र्ड हे	Š
	ate	E d	-
	tific	d d	4
)	ce	鲁多	
	#	ten la	2
	de	at ent	5
)	9	₹≥	1
1	at	and and	>
	=	五年	8
	ires	Sign	3
Ĺ	9	5 5	ç
	≥	De T	9
	6	Dep	6
	Ě	it to	8
	ż	Sta	3
A	CEA	the the	è
-	3	Sc	3
)	F	E 3	1
2	9	ter	-
)	Ö	A &	
5	E	5	0
	A	EG	
	8	DIR	
1	4	32	9
-	E	图 2	1
1	8	3	3
d	1	E 3	6
	TO THE MICHIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be taken within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	supportant. It have been expended or from 23 chows any injury or other traumatic event the madical examiner must be notified a
	2	22	3

RUTH	irst, Middle, Last)		Clark	В	IDDLE			2. DATE OF DEATH DAY YEAR 3. TIME OF DE 23 91 9:55			3. TIME OF DEATH 9:55 F	
4. SOCIAL SECURITY NU. 222-12-958		5. SEX	6. AGE (In yrs. I		IF UNDER 1 YE MONTHS DA		R 24 HRS. MIN.	7. DATE O (Month, 3/10/	F BIRTH			PLACE (State or Foreign
Se. FACILITY NAME (If no					9b. CITY, TO	MN OR LOCAT	ION OF DE		1304	9c. COUNT	TY OF DE	Maryland ATH
Calvert Ma		rsing Hom	e		Risin	g Sun		Cecil				
Delaware	New (v Castle			, town on L wark	OCATION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMB		112 Manns	Ave.	• 10f. ZIP CODE 19711						EN OF WI	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 C	1 7 /	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	T EVER IN U.S. J YES 2 F				in, Puerto Ri	(Specify Yea can, etc.)			- American Indian, White, etc.	
(Specify	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6 +)					ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working e. Do NOT use retired.)				INESS/INDU		
	, (,	Sc	hool T	ool Teacher				lement lucati	on -	Pub	lic	
Guy R. Bid				16. MOTHER'S NAME (First, Middle, Meider IVIary DuHammell					Sumame)			
19a. INFORMANT'S NAM Edward S.		- Brothe			anns 'A			ark, I		711	Code)	
20a. METHOD OF DISPOSITION Comparisor Co												
21. SIGNATURED FUNERAL SERVICE UCCOSES 22. NAME AND ADDRESS OF FACILITY Spicer-Wullikin Funeral Home, Inc. 1000 N. DuPont Pkwy., New Castle, DE										DE		
23. PART i. Enter the shock, o		complications the			ot anter the	moda of d	ying, suc	ch aa cardi	ac or respin	ratory arre	at,	Approximate Interval Between
disease or condition resulting in death)	(Final		eumonia									
disease or condition	(Final	DUE TO	(OR AS A CONS		P):						_	
disease or condition resulting in death) Sequentially list con	(Final	DUE TO		n								Onset and Da
disease or condition resulting in death) Sequentially list con if any, leading to im ceuse. Enter UNDEF	(Final	b. Asp	OR AS A CONS DIRATION OR AS A CONS DETALIZE	n seouence on ed Wea	nkness							
disease or condition resulting in death) Sequentially list con if any, leading to im	ditions, mediate strying injury	b. ASI DUE TO C. Ge1 DUE TO	OR AS A CONS OITATION OR AS A CONS	n BEOUENCE OF BEOUENCE OF	nkness	cleros	is &	debi	lity			
disease or condition resulting in death) Sequentially list con if any, leading to im ceuse. Enter UNDEF CAUSE (Disease or that initiated events	(Final	b. ASI DUE TO C. GeI DUE TO G. GEI G. GEI	OR AS A CONS DIRATION OR AS A CONS NETALIZE OR AS A CONS NETALIZE	n seouence of ed Wea seouence of ed Art	nkness eriose				Ť	MED?	24b.	Onset and De
disease or condition resulting in death) Sequentially list con if any, leading to im ceuse. Enter UNDEF CAUSE (Olsease or that initiated events resulting in death) i. PART II. Other aignit	(Final	b. ASI DUE TO C. GeI DUE TO G. GEI G. GEI	OR AS A CONS DIRATION OR AS A CONS NETALIZE OR AS A CONS NETALIZE	n seouence of ed Wea seouence of ed Art	nkness eriose				24a. WAS AN PERFOR	MED?	24b.	Onset and De
disease or condition resulting in death) Sequentially list con if any, leading to im ceuse. Enter UNDEF CAUSE (Olsease or that initiated events resulting in death) L	(Final	b. ASI DUE TO C. GeI DUE TO G. GEI G. GEI	(OR AS A CONS Diration (OR AS A CONS DETAILZ (OR AS A CONS DETAILZ death but no	n BEOUENCE OF ed Wea BEOUENCE OF ed Art	The like the second of the under	lying cause	given in	Part I.	24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
disease or condition resulting in death) Sequentially list con if any, leading to im ceuse. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L PART II. Other algnit 25. WAS CASE REFERRE EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5	(Final Additions, mediata sit/Ying and transport of the condition of the c	b. ASI DUE TO C. GEI DUE TO d. GEI HOSPITAL: 1 Inpettent 2 260. DATE O (Month, i	(OR AS A CONS Diration (OR AS A CONS DETAILZ (OR AS A CONS DETAILZ (OR AS A CONS DETAILZ death but no	n BEOUENCE OF ed Wea SEOUENCE OF ed Art tresulting (Ikness F): Cerioso In the under OTHER: 4 Nursing E OF 284	lying cause	given in	Part I.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
disease or condition resulting in death) Sequentially list con if any, leading to im ceuse. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L PART II. Other aignit 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	(Final Additions, mediate injury AST Cleant condition D TO MEDICAL	b. ASI DUE TO C. GEI DUE TO d. GEI HOSPITAL: 1 Inpetient 2 260. DATE O (Month, I	(OR AS A CONS DIRATION (OR AS A CONS DETAILZ (OR AS A CONS DETAILZ death but no	ed Weaseouence of ed Art	COTHER: White Market M	tying cause 18. PLACE OF Home 5 1. INJURY AT WORK? VES 2	given in	Part I.	24a. WAS AN PERFOR	MED?	URED	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
disease or condition resulting in death) Sequentially list con if any, leading to im ceuse. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L PART II. Other alignif 25. WAS CASE REFERRE EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only)	Final ditions, mediate http://www.mediate http://www.mediate http://www.mediate http://www.mediate http://www.mediate http://www.mediate http://www.mediate http://www.mediate http://www.mediate http://www.mediate.html.	b. ASI DUE TO C. GEI DUE TO d. GEI HOSPITAL: 1 Inpetient 2 28e. PLACE building	OF AS A CONS Diration OF AS A CONS DETAILS OF AS A CONS DETAILS OF AS A CONS DETAILS OF AS A CONS DETAILS OF AS A CONS OF AS A CONS DETAILS OF AS A CONS OF AS A CONS DETAILS OF AS A CONS	BEOUENCE OF ed Weas SEOUENCE OF ed Art tresulting	OTHER: 4 Nursing E OF 286 URY M 1 street, factory,	tying cause 18. PLACE OF Home 5 1 WORK? YES 2 office	given in	Part I. 6 Other 28d. DESd. 28f. LOCA City o	24a. WAS AN PERFOR 1 YES 2 (Specify) TION (Street a r Town, State)	MED? NJURY OCCI	URED or Rural R	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

AUG 28 91

FOR STATE REGISTRAR

TO THE HOSPITAL OF ALTHOUGH PHOSPICAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL INFECTION CONTROLL OF THE STATE OF THE ACTION OF THE ACTION OF THE ACTION OF THE STATE O

	1 - STATE REGISTRAR	STATE OF 1		ERTIF	ICATI	E OF			*******	REG. NO.		91	24632	
	1. DECEDENT'S NAME (First, Middle,	Last)								E OF DEATH			3. TIME OF DEATH	
- 1	Nathan How	ward Burli	.n						Aug	_		YEAR 1991	9:08 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	st birthday)		T	IF UNDER		7. DATE	E OF BIRTH		8. BIRTI	IPLACE (State or Foreign	
	218-18-7239	17√7 M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year) . 19,19	18	Man	vland	
	9e. FACILITY NAME (If not institution,				96. CITY	r, TOWN (OR LOCATIO			,		INTY OF D	4	
H	Residence: 856	Principio	Road	Road Port Deposit							1	Ceci	1	
5	RESIDENCE OF DECEDEN	VT .	Rous									UCC.	. 1	
R		OUNTY		10c. CIT	TY, TOWN (OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
0	Maryland	Cecil			Por		eposi		1 □ YES XXXO				1 ☐ YES XXXO	
IAL	10e. STREET AND NUMBER					101	f. ZIP CODE	7			10g. CIT	TIZEN OF	WHAT COUNTRY?	
	856 Principio E								1904			u.s.		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AR 1 YES 2 XI WAR OR DATES	2 NO If yes, specify Cuberi, Maxican, Puerto Rican, etc.) Black, W						E — American Indian, k, White, etc. iffy: White				
	15, DECEDENT'S	S EDUCATION	16a, Df	FCFDENT'S	LISUAL C	CCUPATE	ON		10	Sb. KIND OF BUS	INFSS/IN	DIISTRY	MILLEC	
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	t grade completed)	(G	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working tifle. Do NOT use retired.)						Freemar				
P	Seven Years	College (1-4 or 5	*)	Farmer									Maryland	
OM	17. FATHER'S NAME (First, Middle, Las	est)			III-C		18. MOT	HER'S NA		, Middle, Maiden	*	, _	iar y z ana	
	Nathan Thomas								ne Lill		Vito			
BE	19a. INFORMANT'S NAME (Type/Print)	19	Db. MAILIN	G ADDRES	S (Street)	and Number						,		
5	Grace E. Burl		19b. MAILING ADDRESS (Street and Number or Aural Acute Number, City or Town, State, Zip Code) Principio Road, Port Deposit, Marylan								1 21904			
1	20a. METHOD OF DISPOSITION		20b. PLACE	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c.							LOCATION — City or Town, State			
	V Buriel 2 □ Cremetion 3 □ 4 □ Donation e □ Other (Specify)			Asbury Cemetery							Der	osit	, Maryland	
3	21. SIONATURE OF FUNERAL SERVI	CE LICENSEE		22. NAME AND ADDRESS OF FACILITY Lee A. Patterso										
	Whomasm	. Patterson	45.								Fune	eral	Home	
	23. PART I. Enter the diseaser	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	IMMEDIATE CAUSE (Final	Total City of the	AN	- /	2	-		-	1	10-1			Interval Between Onset and Death	
	disease or condition resulting in death)		V 9/1	1	ny	9	0	M	14	lest	no	201		
		DUE TO	O OR AS A CONSE	QUENCE	P: .	4						-		
NO	Sequentielly list conditions,	b	O (OR AS A CONSE	THE CE	2	2								
CERTIFICATION	If any, leading to immedista cause. Enter UNDERLYING	302.13	(Un As A COROL	OUENGE G	n-y:									
FIC	CAUSE (Disease or Injury that initiated events	C. DUE TO	O (OR AS A CONSE	EOUENCE (OF):									
F	resulting in death) LAST													
		d												
	PART II. Other significant con-	ditione contributing to	death but not	resulting	In the un	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR		24	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL										1 TYES 2	100		COMPLETION OF CAUSE OF DEATH?	
ME													1 YES 2 HO	
ä														
CIA	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			- OTHE	-	LACE OF D							
YSI	1 YES 2 HO		☐ ER/Outpatient 3	3 DOA	4 Nu	rsing Hon	100 5×1	esidence	6 🗆 Ott	her (Specify)				
H	27. MANNER OF DEATH	28a. DATE Of (Month, i	F INJURY Day, Year)	28b, TII	ME OF	WC	JURY AT ORK?		26d. D	ESCRIBE HOW I	NJURY O	CCURED		
	1 Natural 6 Pending			M	1 🗆] NO							
	2 Acoldent Investiga			A1 home, farm, atreet, factory, offica					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
BY	4 41	28e. PLACE (OF INJURY — A1 ho j, etc. (Specify)	iome, farm,	, atreet, fac					ty or lown, State)				
BY	2 Accident Investigi 3 Suicide 6 Could n 4 Homicide detarmit 29a. CERTIFIER (Check only)	28e. PLACE (, etc. (Specify)			2000		, and due	Ch			ated.		
BY	2 Accident Investigi 3 Suicide 6 Could n 4 Hornicide determin 29a. CERTIFIER (Check only)	not be nod 28e. PLACE building), etc. (Specify) of my knowledge, de	Seath occur	rred at the	time, dete	a and place		to the c	cause(a) and me	nner as st		e) and menner as stated.	
COMPLETED BY	2 Accident Investigi 3 Suicide 6 Could n 4 Hornicide determin 29a. CERTIFIER (Check only)	ned 28e. PLACE building PHYSICIAN: To the best of AMINER: On the best of), etc. (Specify) of my knowledge, de	Seath occur	rred at the	time, dete	e and place death occur		to the c	cause(a) and me	nner as at	the cause	e) and menner as stated. D (Month, Day, Year)	
BE COMPLETED BY	2 Accident 3 Suicide 6 Could n 4 Homicide 6 Could n datermir 29a. CERTIFIER (Check only one) 2 MEDICAL EX	ned 28e. PLACE building PHYSICIAN: To the best of AMINER: On the best of), etc. (Specify) of my knowledge, de	Seath occur	rred at the	time, dete	e and place death occur	rred at the	to the c	cause(a) and me	nner as at	the cause		
COMPLETED BY	2 Accident 3 Suicide 6 Could n 4 Homicide 6 Could n datermir 29a. CERTIFIER (Check only one) 2 MEDICAL EX	not be ned 28s. PLACE building ned PHYSICIAN: To the best of CAMINER: On the best of CAMINER:	of my knowledge, do azamination and/or	death occurr r investigati	fron, in my	time, date opinion, c	a and place death occur 29c, LICI	ENSE NU	to the confirme, de	cause(a) and mei	nner as st ed dua to	the cause		
BE COMPLETED BY	2 Accident Investigi 3 Suicide 6 Could n 4 Homicide 6 Could n determine 29a. CERTIFIER (Check only orie) 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CER	physician: To the best of caminer: On the best of caminer: On the best of caminer: On who completed can	of my knowledge, do azamination and/or	death occurr r investigati	fron, in my	time, date opinion, c	a and place death occur 29c, LICI	ENSE NU	to the confirme, de	cause(a) and me	nner as st ed dua to	the cause		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	8	2	7	ı
	2	P	70	
	tain	Sho	5	1
	9	2	2	l
1	P	age	9	1
	E	7.	100	1
	9 9	actic and a	Ē	ı
	200	-6	9	ı
	÷.	Jera	Ē	ı
	dea	1	exa	L
	fter	the state of	69	-
	Sa	70 0	di di	ı
Ì	200	D 0	E	ı
	24	# 6	P.	ı
,	뱱	tely	-	l
	Wil	and and	Ne .	
	red	2.00		
	Xect	and	te la	
	9	Te of	5	
	de L	Sich	15	
	jug-	5	he	
	Cert	ding	6	
	ath	Ten Ten	5	
•	de	Aeril Aeril	5	
	#	40	三	1
	thal	Pa d	J.	1
	res	ign	20	
	edu	en a	ě	
	W	200	3	
	le la	Pas 9	2 11	
	E	Cate	je j	-
	SIA	he and	6	1
	NS.	Sco	ď,	
	품	E W	Ě	
	186	the	Ĕ	i
	몶	R.	.50	1
	E	6 4	28	
	IN THE HIGH MALD RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by I	TO THE FINE ON STATE OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be at the following the funeral director, page 5 should be at the following the follow	INPORTANT If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	
	z.	30	Ξ	1
	E.	ES I	4	1
	£	記載	M	i
	坐	里星	R	1
	0	8.	M.	
ø	м.	P1100	. ==	- (

	1 - STATE REGISTRAR	SIAIE UF	/ MAKYLAND CI	DEPAI ERTIF	TMEN	T OF H	IEALTH DEA	AND	MENTAL HYGIEN REG. NO.	E	91 246	3
	1. DECEOENT'S NAME (First, Middle, Lest)	dia. Ce			ard				2. DATE OF DEATH MONTH DA	NY ,	YEAR 0700	Α.,
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	_		R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreig	77 M
	217-28-0907	1 🗆 M 2 🏋 F	98	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 8/7/9 =		Maryland	<i>y</i> ,,
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN (OR LOCATI	ON OF D			TY OF DEATH	_
DIRECTOR	Carrell Cty Gen	Hospita	9		6	veri	min	ste	-		50011	
E C	10a. STATE 10b. COUNTY			10c CIT	Y TOWN	OR LOCAT	TION					_
H	Me - Carr	011					s fe	-			10d. INSIDE CITY LIMITS?	
A A	10e. STREET AND NUMBER						ZIP COD	E		10o. CITIZ	1 ☐ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?	
FUNERAL	96 East Main S							157		(y -S -	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 T	MEO		If yes, sp	ENOENT (ecity Cube 2 A NO	in, Maxica	NIC ORIGIN? (Specify Yearin, Puarto Rican, atc.)	or No-	14. RACE — American Indian, Black, White, atc. Specify: White	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											_
Ē	(Sive kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 5 +) (Sive kind of work done during most of working life. Do NOT use retired.)											
COMPL	owner/operator restaurant/dang											1
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)											
BE	Samuel Greenholtz Emma Rickell											
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or Town			
	Mrs. Catherine	B. Mar	B. Martin 94 East Main Street Westmington							ter. MD 21	15	
	20e METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Remo	eval from State	20b. PLACE A	matory or o	ther place!	1			8 4 5 0 20c. LO			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Krid	ers	Chu	irch	Cer	nete	ry We	stmi	nster, MD	
					I	rit	ts I	une	ral Home	& C	hapel	
	Robert K				4	12	Wash	ning	ton Rd.	Wes	tminster. I	MD
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Ruptured Thorrest Adric Aurungsungsungsungsungsungsungsungsungsungs									veen esth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSEC	UENCE O	F):							n-di
길	CAUSE (Disease or Injury									1,	1 4	
H	that initiated events resulting in death) LAST	006 10	OR AS A CONSEC	UENCE O	F):							
	DART II OAL I MI III	*										
: MEDICAL	PERFORMED? 1 YES 2 PRO OH									24b. WERE AUTOPSY FINDIP AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					00.04	10F 0F 0					
Sic	EXAMINER?	HOSPITAL:	ED/Outnotlant 2		OTHE	R:			ick only one)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		28c. INJU	_	aldenca	8 Other (Specify) 28d. DESCRIBE HOW IN	IIIBY OCCI	IDEO.	_
	1 Natural 5 Pending	(Month, Da	ly, Year)		URY M	WOI	RK?	NO NO	ZOG. DESCRIBE NOW IN	JOHY OCCU	MED	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE Of building, a	INJURY — At horate. (Specify)	ne, ferm, s	Itreet, fact				281, LOCATION (Street ar City or Town, State)	nd Number o	r Rural Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of ax	my knowledge, dar amination and/or in	ith occurre	nd at the t	time, deta	and place, eath occur	and due	to the cause(s) and man	ner se stated	I. cause(s) and manner as stated	d.
ш	290_SIGNATURE AND TITLE OF CERTIFIER 29c_LICENSE NUMBER 29d_DATE SIGNED (Month Day Very)											
10 B	homen Sallita D26385 18/29/C.											
Ĕ	30. NAME AND ADDRESS OF PERSON WHO Norman Gollsk	completed caus	E OF DEATH (ITEM	27) (Type.	Print)	Hey	LRS	Ked	lical Consi	ter	hatmuste	-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	Y'S SIGNATURE					· · · · · · · · · · · · · · · · · · ·			Ma 2/15	7
	AUG 29'91	Lulian	Tavidan A	andole	2							

Julia Savidson Rando Re

26.808.10

10.0

Brigid

31. DATE FILEO (Month, Day, Year)
AUG 30 '91

	FOR STATE REGISTRAR	STATE OF							ENTAL HYGIEN	IE	1 2	246:	ر نا (
	1. DECEDENT'S NAME (First, Middle,	(nmn)	***	YLIS	ICAI	E OF	DEAT		PEG. NO 2. DATE OF DEATH MODE 29	_		3. TIME OF DI	EATH A .
	4. SOCIAL SECURITY NUMBER 212-20-7827-A	5. SEX	6. AGE (In yrs. In		IF UND	ER 1 YEAR DAYS	# UNDER 24		Month, Day Year 18		a. BIRTHP	Jersey	Foreign
FOR	90. FACILITY NAME (If not institution, Franklin Square	Hospital				TY, TOWN	or Location	OF DEAT	ГН	Balt	TY OF OE	ATH C	
DIRECTOR	Maryland H			10c. CITY, TOWN OR LOCATION Edgewood					Baltimore 10d INSI				
ERAL	100. STREET AND NUMBER 1871-B Edgewat	er Drive		101. ZIP CODE 21040						10g. CITIZEN OF WHAT COUNTRY USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI	RMED NO	If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)						14. RACE - Bleck, Specify. Whit	- American Ir White, etc.	idlen,
E COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4 16a. DECEDENT'S USUAL OCCUPATION (Given done during most of working life. Do NOT use retired.) Sales Lady 16b. KIND OF BUSINESS/INOUSTRY Retail												
BE CO	17. FATHER'S NAME (First, Middle, Les Frank L.	McConne							(First, Middle, Meiden Samantha		ntsma	n	
5	190. INFORMANT'S NAME (Type/Print) Lois J. Roberts 190. MAILING ADDRESS (Street and Number or Rugal Route Number, City or Town, Signing Zip Codes) 2012 Hanson Road, Edgewood, Md. 21040												
	20e. METHOD OF DISPOSITION M. Burlal 2 Cremetlon 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of completery, grametory or other place) Carden's Of Faith Cemetery 8-31-91 Baltimore, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE WOLLD K. McComas III Funeral Home, P. 1317 Cokesbury Road, Abingdon, Md. 210												
	23. PART I. Enter the diseases, or complications that caused the death: Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line.										Approxi		
NOIL	DUE TO (OR AS A CONSEQUENCE OF): Urinary Candidial Infection OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE	OUENCE OF	F):						-		
PHYSICIAN: MEDICAL C	Respiratory	er significent conditions contributing to death but not resulting in the underlying cause gispiratory Failure Wel obstruction								PERFORMED? YES 2 NO OF			FINDINGS OR TO F CAUSE
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Check of D										
ву РНУ	27. MANNER OF DEATH 1X Netural 5 Pending Investigat	MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY							Other (Specify)	NJURY OCC	URED		
	3 Suicide 8 Could no detarmine	Dunging.	PF INJURY — At ho etc. (Specify)	ome, ferm, s	street, fac	ctory, affic	•	2	8f. LOCATION (Street of City or Town, State)	and Number	or Rural Rec	ite Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING P	HYSICIAN: To the best of e	my knowledge, de	enth occum Investigatio	n, in my	fime, dete	end place, er	nd due to	the cause(e) and men	nner as atate	d. cause(s) a	nd menner as	stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERT						29c. LICENS	SE NUMBE	R		SIGNEO (N	fonth, Day, Yea	

BAroody 9000 Franklin SQ. DR. BALTO. MD 21237

32. REGISTRAR'S SIGNATURE

_

0

leath	fune		
ther (/ the	loval.	
50	5	Tell Tell	
D	P	0	
N	ij,	on.	
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 rurs after death	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
rted	5	ia,	
BCLU	pg	ā	:
8	=	2	
ate b	ysicia	prior	
ipic	4	ane	
5	Dujou	Ė	
Jeath	atte	mta	
he	the	ž	,
at	3	and	
5	per	€	
nire	Sig	Hea	
9	реп	0	
SW.	S	ept.	
a	ha	Ö	
F	cate	Stati	
SE	artif	96	
S	S	\$	
푼	=	*	
DING	After	death	
E	OR:	fter	
A	EG	S	
8	PHO	POU	
AL	A	2	
Sp	NEF	듔	
오	5	X	
ш	ш	P	

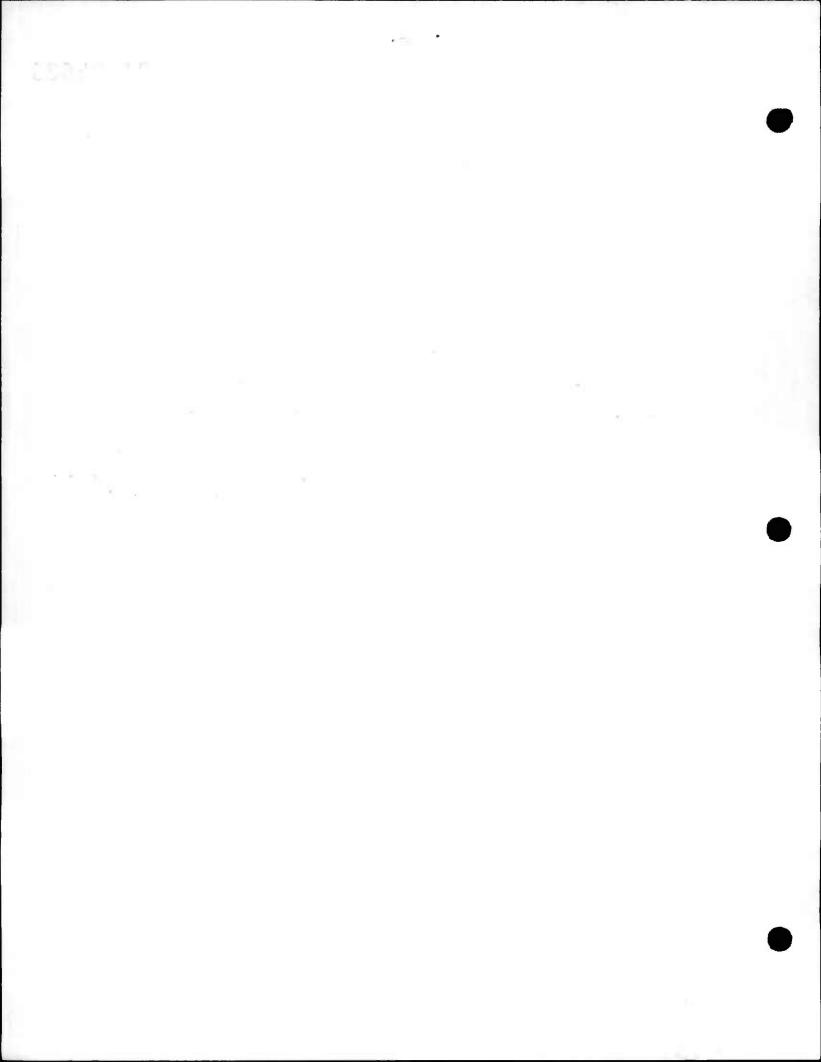
		FOR 1 - STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND	MENTAL HYGIEN		91 24635
5		1. OECEDENT'S NAME (First, Middle, Last) Christina Mai	ria Bon	hage			2. DATE OF DEATH MONTH D	AY 9	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 2/6-12-7904 9a. FACILITY NAME (If not institution, give at	1 - M 2 X F 8	s. last blirthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland OF DEATH
	DIRECTOR	Fallston General	Hospital		Fa11.	ston		Hai	rford
mit. Pages		Maryland 106. COUNTY	Harford	10c. CIT	Y, TOWN OR LO	Jarret	tsville		10d. INSIDE CITY LIMITS? 1 YES 2 NO
physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER 3988 Old	Federal Hil	ll Roa	ad	10f. ZIP CODE 210	84		N OF WHAT COUNTRY?
ending physiciar as the burial-tra	ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.E FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes	DECENDENT OF HISPA , specify Cuben, Maxico YES 2 NO Specifi		a or No— 14	RACE — American Indien, Black, White, etc. Specify: White
use use	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)			USUAL OCCUP work done during the retired.)	most of working	16b. KIND OF BU	siness/inous	TRY
by the hospital of be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	Pott	104501		AME (First, Middle, Maiden UNKNO	Surname)		
5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Bertha L. Simo				eet and Number or Rural as #10	Route Number, City or Tow		ode)
age 6 may be director, page er must be r		20a. METHOD OF DISPOSITION 1	val from State 20b, PL	ACE OF DISPOS per place)	SITION (Name o	f cemetery, crematory or			y or Town, Btata ad, Maryland
ter death. Pag the funeral dis oval.		21. SIGNATURE OF FUNERAL SERVICE LIC	~ Runto	_		E AND ADDRESS OF FA		ome	
executed within 2 and completely filled burial, cremation, on natic event, the m	TION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate	lst only one cause on each	Iline.	tay		ch as cardiac or resp		
nding phys Hygiene p	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST	DUE TO (OR AS A CO	NSEQUENCE O	F):				
requires that the seen signed by the . of Health and M shows any Inju	MEDICAL C	PART II. Other significant conditions Wolvele deligde	s contributing to death but of	not resulting	in the under	lying cause given in water greaters	Part I. 34s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sician: The law certificate has the State Depti d, or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO	HOSPITAL: 1 Dippetient 2 ER/Outpetie	ont 3 🗆 DOA	OTHER:	Home 5 Realdence			
NG PHYSICIA fter this certif sath with the marked, or	ву Рну	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY	WORK?	28d. DEŞCRIBE HOW	INJURY OCCU	RED
DR ATTENDING P DIRECTOR: After t hours after death	ED	3 Suicide 8 Could not be detarmined	26e. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	atreel, factory,	office	281. LOCATION (Street City or Yown, State		Rural Route Number,
HOSPITAL DR A FUNERAL DIREC within 72 hours TTANT: It Item	COMPLET	anel	CIAN: To the best of my knowledger. On the beals of examination ar						
TO THE HOSPITO TO THE FUNERA be filed within 7 IMPORTANT: 1	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	·D.			29c. LICENSE NU		29d. DATE S	SIGNED (Month, Day, Year)
	F	DAUDS SOL	COMPLETED CAUSE OF DEATH	elain	e RA				
		31. DATE FILEO (Month, Day, 16ed 3 '9	32. REGISTRAB'S SIGNATU Julia Da	uidson-R	indell				

11 21595

(9)	
e	þ	5	4
ľ	ŧ	ş	1
	1	_	P
-	Ē	Ī	
:	m.		
	54 54 56		
	Lean-		
	e burial-transit pern		
	s The		
	JSe as		
1	100		
	acue		CG.
4-6	oe der		at on
4 6000	5 should be detached tor use as the		pol
-	D SU		e notif
	page		t be
	ector.		mus
4	ē ē		lner
,	Tune	,	mexa
	y The	mova	cal
	d in	Or re	med
-	y Tille	ation,	the
	plete	cremi	rent,
	D COM	burial, crematic	tic en
	an an	10 D	nma
	mysicii	prio	er tra
	d Buil	ygiene	othe
	аттепо	Hall H	y, or
	our /	d Me	름
	ned b	ith ar	any
	Dis u	of Hea	hows
	as bet	lept.	23 8
	ficate has been signed by the attending physician and completely filled in by the funeral director, page 3 shot	tate C	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be a
	certific	the S	10
	this	with	rked
-	- After	death	MPORTANT: If Item 28 Is marked,
	COB	after	28
	DIRE	hours	Item
	ERAL	22 Hi	TIE H
5	E P.	D With	RTAN
	TO THE FUNERAL DIRECTOR: After this certif	be filed within 72 hours after death with the State Dept. of Health and Mental Hygien	MPO

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.	_								
,	1. DECEDENT'S NAME (First, Middle, Lost) Charles, Albert Battaglia 2. DATE OF DEATH ON 3. TIME OF DEATH ON 3. TIME OF DEATH ON 3. TIME OF DEATH ON 3. TIME OF DEATH	4								
	4. SOCIAL SECURITY NUMBER 8. SEX 8. AGE (In yrs. last birthday) Funder 1 Year IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, pay, Year) 6. BIRTHPLACE (State or Foreign Country) Mary Land	1								
TOR	FACILITY NAME (If not institution, give street and number) FAILS ton Gen Hospital Fallston Harford RESIDENCE OF DECEDENT BE. CITY, TOWN OR LOCATION OF DEATH Harford									
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY LIMITS? Waryland Harford Bel Air 107 108 25 NO	1								
	100. STREET AND NUMBER ROad 101. ZIP CODE 21014 102. CITIZEN OF WHAT COUNTRY? USA	1								
Y FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, etc.) 14. RACE — American Indian, Black, Whita, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, etc.) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, etc.) 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, etc.)	1								
TED BY	3 Widowed 4 Divorced Kocea 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Ghv kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY	\forall								
COMPLETED	12 Sr. Ship Superintendent Steel									
5	19a. INFORMANT'S NAME (Type/Print) Gloria A. Battaglia 19b. MAILING ADDRESS, (Street and Number or Russ) Reurie Number, City or Town, State Zio Code) 500 WestView Road, Bel Air, Md. 21014									
	20a. METHOD OF DISPOSITION **D Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commetery, crematory or Bell Air, Md. 20c. LOCATION — City or Town, State Bell Air, Md.									
	22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009									
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or reapiratory arrest, ahock, or haert fellure. List only one cause on each line. SAMEDIATE CAUSE (Clear)									
	immediate cause (Final disease or condition resulting in death) a. Acute Renal failure. Hyper kalalmia DUE TO (OR AS A CONSEQUENCE OF): UNCLEASE OF INSTANCE OF	2								
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Hyper Unicalmia. Due to (or as a consequence of): Chronic Lympho cyfic Leukaemia. Lymphoma. 12 yrs. Due to (or as a consequence of): d. Banyulo penia.									
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS	3								
PHYSICIAN: MEDICAL	Chemotherapy. Tumor lypis. und Hyper unicalmia 1 yes 2 tho AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 THO									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:									
HYSI	1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c, INJURY AT 286. DESCRIBE HOW INJURY OCCURED	\dashv								
ВУ Р	1 Netural 8 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	B. D. PAREKH MD. D18424 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 9-1-91									
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	B.D. PAREKH MD. 1918 HARFORD ROAD FALLSTON MD. 21047. 31. DATE FILED (MONTH DOWN 1937) 91 32. REGISTRAP'S SIGNATURE Julia Davidson—Randelle									



	ru.	iges f. 2, 3, should
BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3, should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attributed to the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 20

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	C11111112	5 FRAM	-15	BEAG	EK	2. DATE OF DEATH	13 -91 PEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 578-09-1087	1 🔀 M 2 🗆 F	B. AGE (In yrs. In	YRS. MONTHS	DAYS HOURS M	Month, Day, Year) APRIL 5,1	Coun	HPLACE (State or Foreign try) HINGTON, D. C		
TOR	90. FACILITY NAME (If not institution HOLY CROSS RESIDENCE OF DECEDE	HOSPITAL			TOWN OR LOCATION OF		9c. COUNTY OF MONTG(DEATH		
DIRECTOR		MONTGOMERY		10c. CITY, TOWN O	R LOCATION ER SPRING	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER 9737 MT. PISGA			1 0151	101. ZIP CODE 20903		10g. CITIZEN OF	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 [IF YES, GIVE WAI	YES 2 V	NO II	AS DECENDENT OF HIS	SPANIC ORIGIN? (Specify Yes exicen, Puerto Rican, etc.) pecify:	a or No— 14. RAC Blac Spec			
LETED	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)			ECEDENT'S USUAL OC Give kind of work done di a. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BU	IWHI'S	IE.		
E COMP	6 17. FATHER'S NAME (First, Middle, La CHARLES EDWARI	- 7	BA	KER		HEIDI I	Surname)			
TO BI	19a. INFORMANT'S NAME (Type/Print	")			(Street and Number or R	RY ANNE LADA ural Route Number, City or Tow D #1504 SILV	n, State, Zip Code)	20903 NG,MARYLANI		
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 4 Donation 5 Other (Specify 21. SIGNATURE_OF FUNERAL SERV.))	20b. PLACE	AND CATE OF DISPOSITE OF THE PROPERTY OF OTHER PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	FION (Name of	8/27 WASH	OATE 20c. LOCATION — City or Town, State 8/27 WASHINGTON, D.C.			
	1 Olun	S DEin	l	FRA 500	UNIVERSI	OLLINS FUNER TY BLVD.,W.S	SIL.SPR.			
CATION	23. PART I. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory street, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICA	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	c. COM DUE TO (0	R AS A CONSE	COUENCE OF):	cont	PAILURE				
ERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	d					AUTOPSY 248	S. WERE AUTOPSY FINDIN AMALABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	dditions contributing to de	eath but not	resulting in the und	erlying cause given	In Part I. 24a, WAS AN PERFOR	AUTOPSY 248	AVAILABLE PRIDE TO COMPLETION DF CAUSE DF DEATH?		
EDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other algnificant context of the con	d	R/Outpetient 3	resulting in the und OTHER: ODA 4 Nursil 28b. TIME OF INJURY	28. PLACE OF DEATH TO Home 5 Resident Sc. INJURY AT WORK? 1 YES 2 NO	24a, WAS AN PERFOR 1 YES 2 (Check only one) 28d. DESCRIBE HOW II	AUTOPSY MED? 24N	AMALABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PLETED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other algnificant constants and the constant in the constant in the constant in the constant in the constant in the constant investigation of the constant investigation in the constant investigation investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant investigation in the constant in the constant investigation in the constant in the constant investigation in the constant in the	d. ditions contributing to de AL HOSPITAL: 1 Inpellent 2 E 28e. DATE OF IN (Month, Day, and the second of the building, etc.)	P/Outpatient 3 JURY — At ho	OTHER: ODA 4 Nursi 28b. TIME OF INJURY M Ome, farm, street, factor	28. PLACE OF DEATH 19 Home 5 Resident 18c. INJURY AT WORK? 1 YES 2 NO 1, office	(Check only one) 24a. WAS AN PERFOR 1 YES 2 (Check only one) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	AUTOPSY IMEO? NO NO NO NO NO NO NO NO NO NO NO NO NO	AMALABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events resulting in death) LAST PART II. Other algnificant constants and the constant in the con	d	PR/Outpatient 3 JURY — At ho.: (Specify)	OTHER: ODA 4 Nursi 28b. TIME OF INJURY M Dome, farm, street, factor eath occurred at the time	28. PLACE OF DEATH 19 Home 5 Residen 18c. INJURY AT WORK? 1 YES 2 NO 19, office	(Check only one) (Check only one) (Check only one) (Check only one) 28d. DESCRIBE HOW ii 28f. LOCATION (Street a City or Town, State) due to the cause(e) and men the time, date and place, and	AUTOPSY MEO? NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other algnificant context of the con	d	PR/Outpatient 3 JURY — At ho.: (Specify) I knowledge, de hinstlog and/or	OTHER: OTHER: DOA 4 Nursi 28b. TIME OF INJURY M Ome, farm, street, factor path occurred at the tirr investigation, in my opi	28. PLACE OF DEATH 28. PLACE OF DEATH 19 Home 5 Resident 18c. INJURY AT WORK? 1 YES 2 NO 19, office 29c. LICENSE	(Check only one) (Check only one) (Check only one) (Check only one) 28d. DESCRIBE HOW ii 28f. LOCATION (Street a City or Town, State) due to the cause(e) and men the time, date and place, and	AUTOPSY MEO? NO NIJURY OCCURED and Number or Rural is the ceuse(if 29d, DATE SIGNED SET 100 PM 100 P	AMALABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIFIC	CATE OF	DEATH	REG	. NO.			
1. OECEOENT'S NAME (First, Mid	idle, Last)						2. DATE OF DEA	TH	YEAR	3. TIME OF DEATH	N
		Lucile H	Roth B	oehmle	r		August	0.4	991	4:33	PM
4. SOCIAL SECURITY NUMBER			AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR' (Month, Day,)	ТН	8. BIRT	HPLACE (State or For	wign
219-36-7800	1[□ M 2 F	83	YRS.	MONTHS DAYS	HOURS MIN.	1-14-1		100	inois	
9a. FACILITY NAME (If not institut	tion, give street (and number)			9b. CITY, TOWN	OR LOCATION OF			DUNTY OF		
3218 Clenear	lee Dr	ive			Silvo	r Spring		Mo	-+		
3218 Gleneag		TAE			STIVE	PALTIE		I MO	ntgom	lery	
10a. STATE 101	b. COUNTY			10c. CITY,	TOWN OR LOC	ATION		1 11 11		10d. INSIDE CITY LIMITS?	
Maryland	Montgo	mery		Sil	ver Sp	ring				1 YES 2 1	NO
10a. STREET AND NUMBER		•	_		1	01. ZIP COOE		10g. (CITIZEN OF	WHAT COUNTRY?	
3218 Gleneag	les Dr	ive				20906			USA		
11. MARITAL STATUS	12.	WAS DECEDENT	VER IN U.S.	RMED	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN? (Spec	Ity Yes or No-		E — American India	n,
1 Never Married 2 Mar	1000	FORCES? 1 [OR DATES	JNO		S 2 NO Spec		tc.)	Spec		
3 Wildowed 4 Divorced						*				White	
15. DECEDE (Specify only hig	ENT'S EDUCATIO		16a, C	ECEDENT'S U	ISUAL OCCUPAT	TION	18b. KIND	OF BUSINESS/	INDUSTRY		
Elementary/Secondary (0-12)	1	oflege (1-4 or 5+)	- 1	fe. Do NOT use	ork done during n retired.)	rost of working					
		4	S	choo1	Teacher	r	Mont	omerv	Coun	ty Schoo	18
17. FATNER'S NAME (First, Middle	, Last)			AH IL-O		7	AME (First, Middle, I				
Herbert Roth						Marti	na Siege				
19a. INFORMANT'S NAME (Type/			1	19b. MAILING	ADDRESS (Street	and Number or Rura			Zip Code)		
			- 1								
Jean Bissey 20a. METNOO OF DISPOSITION		aughter)	v		OF OISPOSITION	ad Way Ro		DC. LOCATION			
1 🗆 Burial 2 🛅 Cremation	3 Removal	from State	of cemeta	ry, crematory o	or other place)				•		
4 Donation 5 Other (Special Signature of Function 19	11177	42	Metr	opolit	an Crei	natory	8/25 A	Lexand	ria V	irginia	
21. SIGNATURE DE SUMERIOLE SE	Z	1	0			cis J.Col		aoro1	Uomo	Tno	
1 00hm	1)()Una	V.							Spg. MD	2000
23. PART I. Enter the disea	ases, or com	plications that	aused the	death. Do no						Approxima	
ahock, or hear		only one cause							remen.	interval Be	tween
IMMEDIATE CAUSE (Final disease or condition		A	,)	. /	.1.	101				Onset and	Death
resulting in death)	a	myot	ROPI	EQUENCE OF	ATEN	2/ 201.	CR151	9		19/9	
		10 (0	H AS ALCONS	EOUENCE OF	21	1	D:			146	
Sequentially list conditions	b	COR	na	EQUENCE OF	12	Te P-1,	1 \$15	eas	6	198.	_
if any, leading to immediat cause. Enter UNDERLYING		0, 2	H AS A CONS	EUGENGE OF		/	2			10/	
CAUSE (Disease or Injury	c	BID	old	R	NEP	RP 991	07			1900	2
that initiated events resulting in death) LAST		DOE NO (O	H AS A CONS	EOUENCE OF	. (D				19.06	_
rosaning in death, Exci	d	MAZI	ra	Xion	n V	neum	mia			SWR	5_
PART II. Other algoliticant	conditiona co	ontributing to d	eath but not	resulting in	the underly	na cause alven l	n Part i 24a V	WAS AN AUTOP	sv 24	b. WERE AUTOPSY FI	NUNGS
						g occor grown		ERFORMED?		AMAILABLE PRIOR	то
							10	YES 2 IN		OF DEATH?	AUSE
										1 TES 2 N	10
25. WAS CASE REFERRED TO M EXAMINER?		OSBITAL .				PLACE OF DEATH (C	check only one)				
1 TYES 2 NO		OSPITAL:	R/Outpatient		OTHER: 4 Nursing Ho	oma 5 💢 Rasidence	8 Other (Spec	(y)			
27. MANNER OF DEATH		28a. DATE OF IN	LURY	28b. TIME		NJURY AT	28d. DESCRIBE	HOW INJURY	OCCURED		
1 Natural 5 Pen		(Month, Day,	10ar)	INJU		VORK?					
a C a	estigation	28e. PLACE OF	INJURY - AI	home, farm, at			281. LOCATION	Street and Nur	nher or Rumi	I Boute Number	_
- 5 000	uld not be ermined	building, at	c. (Specify)				City or Town	, State)	noer or rioral	Tioble Number,	
00. OFFICER A									_		
	ING PHYSICIAN	d: To the best of m	y knowledge,	death occurred	d at the time, de	ita and place, and di	ua lo lhe cause(a) s	nd menner as	stated.		
one) 2 MEDICAL	EXAMINER: 0	n the basia of axe	mination and/o	or investigation	, in my opinion	death occured at th	ne time, data and pi	ace, and dua l	o the cause	(a) and manner as st	lated.
296. SIGNATURE AND TITLE OF	CERTIFIER					29c. LICENSE N	UMBER	29d.	DATE SIGNE	D (Month, Day, Year)	
Die	m	11.				DA	925		8.	25-91	
30. NAME AND ADDRESS OF PE	ERSON WHO C	OMPLETED CALLOS	AE DEATH IN	TEM 27) (Type,	Drint)	TOK	120		0 -	1/	
3301 1/1	as m	AN CON	A A A			1	Dn	24 - 4	,		
31. DATE FILEO (Month, Day, Year	W 114	10 X	TVLI	IW V	Nosh j	1507	KC- 0	20010			
AUG 2 7'9		JZ. HEGISTRAR	S SIGNATURE	ndelle							
HU0219	1	Throw have	ACOL - I	-							

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 2 7'91

DHMN-18 Rev 1/89

1 - FOR STATE REGISTRAR

13146,	and the second of a second to the last second to the death careful and the second second second to the second seco
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	partificate he
EDS, P.	at the death
RECOF	the consistent the
VITAL	Ochant. The las
N OF	1000000
VISIO	
ō	0
	-

		1. DECEDENT'S NAME (First,	Middle, Last)	GILBEI	RT	W.		BUR	NS			2. DATE O MONTH	F OEATH DA	Y	YEAR	3. TIME OF OEATH
		Gi	100	E W.	1	<u>34</u>	m	S				AUGUS			.991	8:00 Ham
	Į	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(In yrs. last		IF UNDER	1 YEAR	HOURS	MIN.	7. DATE OF	F BIRTH Day, Year)	.7	6. BIRTHP Country	PLACE (State or Foreign
P		578-10-1537		1 x M 2 □ F	. 8	88	YRS.			1			3, 19			/LAND
2, 3 Should	_	9a. FACILITY NAME (If not in	stitution, give st	treet and number)						OR LOCAT	ION OF DE	ATH		9c. COUN		
2,3	DIRECTOR	WHEATON M.		ARE				WHE	ATO	N			MONTGOMERY			IERY
S 1.	<u> </u>	10e. STATE	10b. COUNTY	1			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
Pa Se	뜸	MARYLAND	MON	TGOMERY				SIL	VER	SPRI	NG					LIMITS? 1 YES 2 NO
De La	Toe. STREET AND NUMBER								10	of. ZIP COD	E			10g. CITIZ	EN OF WI	HAT COUNTRY?
										209	01			U	JSA	
3146 ing physician. the burial-transit	FUNER	11. MARITAL STATUS		12. WAS DECEDEN' FORCES? 1	T EVER II	N U.S. ARI	MED					HC ORIGIN? In, Puarto Ri	(Specify Yea	or No-	14. RACE Black,	— American Indien, White, atc.
a ph de bu	BY	1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE W						S 2 1 NO					Specify	WHITE
as as	03	15. DEC	EOENT'S EDUC	CATION	16a, DECEDENT'S USUAL OCCUP					ION		16b. I	KIND OF BUS	INESS/INDU	JSTRY	
	E	(Specify online Elementery/Secondary (Control of the Control of th	highest grade	College (1-4 or 5 +	-)	(G/	ve kind of a Do NOT us	work done se retired.)	during m	nost of work	ing					
d b	(8			,	EL	ECTR	ICIA	N			GOV	ERNME	NT		
AND the hospit detached once.	COMP	17. FATHER'S NAME (First, M	liddle, Last)							18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
3 5 5 L	ш	LEONARD	С.	BURN	S					LII	LY	S.		WAF	RD	
retained 5 should	TO B	19a. INFORMANT'S NAME (7	ype/Print)			198	. MAILING	ADDRES	S (Street	and Numbe	er or Aural	Route Numbe	r, City or Town	n, State, Zip	Code)	
2 2 0 5	F	BABETTE B.	JOHNSO:	N (DAUGH	rer)	5	19 K	ERWI	N R	OAD,	SILV	ER SP	RING,	MARY	LANI	20901
ப் ≽ உ ்ப		20e, METHOO OF DISPOSIT		oval from State	200	other ple		SITION (N	me of c	emetery, cre	matory or		20c. LO	CATION — C	City or Tov	vn, Stata
Page 6 m director.		4 Donation S Dother (Specify) FORT LINCOLN CEMETERY BRENTWOOD. 21. SIGNATURE TO THE RAL SERVICE LICE SERVICE), M/	ARYLAND			
leath. Partinetral tuneral transfer	į	21. SIGNATURA PUNCHA	L SEMICE GO	20/	/			FŘ	ANC	IS J.	COI	LINS	FUNER	AL HO	OME,	INC.
BALT ter death. the funera oval.	-	Olle	~ LI	Mu	(P., MD 2090
Jic of	-	23. PART i. Enter tha d		complications that List only one cau				not ente	tha m	oda of dy	ying, auc	h as cardi	ec or reapi	ratory arm	est,	Approximate interval Between
		IMMEDIATE CAUSE (FI			ae on e	Pacii iiilo		1	3	0	12	00			7	Onset and Death
		disesse or condition resulting in deeth)	\rightarrow	. Chy	on		. 0	551	n	di	41	cola	my	\mathcal{L}	108-	42.4
146, ted within completely ial, cremati event, 1		immediate Cause (Final disease or condition resulting in deeth) Onset and Deat of the following of the consequence of:														
St pri ge	S S	Sequentielly liet conditions, Due TO (OR AS A CONSEQUENCE OF):														
OX 1	CERTIFICATION	if any, lesding to imme ceuse. Enter UNDERLY		Con	6 -	h	~		ر د	7	fa	il	-			į
ortificate ing physique p	윤	CAUSE (Disease or injuted that initiated events	iry	DUE TO	(90 AS	A CONSEC	DUENCE O	F)c			-					
O DE P	E	resulting in deeth) LAS	T	· Co	Va	cay	A	Vtu	17	(1)	Te	me				
		PART ii. Other algnifice	ent condition	e contribution to	death I	but not r	naultina	In the u	helariul	DO COURS	aluma la	Part I	24s. WAS AN	AUTOREV	245	WERE AUTOPSY FINOINGS
1 3 4 T 0	EDICAL	PART II. Other algilitics	ondition	s contributing to	Geatti	out not i	eeuiuiig	iii the u	nuerryi	ng ceuse	given in	rait i.	PERFOR	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
COR uires tha signed Health a	ă											-	1 X YES 2	□ NO		OF DEATH?
RECO requires been sign. t. of Healt shows	Σ											- 1				1 Nes 2 No
law law ept ept	SICIAN:	25. WAS CASE REFERRED 1	O MEDICAL	T T					26. 1	PLACE OF	DEATH (C)	neck only one	n)			
N: The icate has State D	SC	EXAMINER?		HOSPITAL:	FR/Out	nationt 3	. □ DOA	OTHE	R:			6 🗆 Other	,			
OF VITALIST OF VITALIST WITH THE ST.	PHY	27. MANNER OF DEATH		28s. DATE OF	INJURY		28b. TH	NE OP	28c. IP	NJURY AT	tealounce	T	CRIBE HOW I	NJURY OCC	UREO	
			Pending Investigation	(Month, E	Jay, Year)		IN	JURY M		YES 2	□ NO					
ON VDING : After death	D BY	2 Accident 3 Suicide 6	Could not be	28e. PLACE C	OF INJUR	Y — At he	me, farm,	street, is	tory, off	lice		261. LOCA	TION (Street or Town, State)	and Number	or Rural R	loute Number,
S S S S S S S S S S S S S S S S S S S	쁘	4 Homicide	determined	ounding,	wee (ope	ruiy)						Sily 0	r iown, state)			
S S S S S S S S S S S S S S S S S S S	PLE	29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the beat of	l my knov	wledge, de	ath occur	red at the	time, de	ite and plac	e, and du	to the cau	se(s) and ma	nnar aa stet	ed,	
HOSPITAL FUNERAL within 72 P	COMPL	one)	HCAL EXAMINE	ER: On the basis of a	xaminati	on and/or	Investigati	on, in my	opinion,	death occ	ured at the	time, date	and place, ar	nd due to th	e cause(s) and manner as stated.
TO THE HOSPI TO THE FUNER Se filed within	EC	296. SIGNATURE AND TITLE	OF CHECKE	11						290-1	CENSE NU	MBER		29d, DATI	E SIONEO	(Month, Day, Year)
TO THE TO THE be filed	00	11/1- 0	e	the		an	•			1//	52	817		18	/2	3/81
	2	MAME AND ADDRESS O	F PERSON WI	10 COMPLETED CAU	SE OF D	EATH (ITE			_			4		- 1		
14		M-Wale	ed K	han	u:	<i>y</i> -	120	16	6	cons	1a/	fre	Wh	wh	n	D 7068
		31. DATE FILED (Modin, Day,	7 10 4	32. REGISTR	AR'S SIG	NATURE	mel 10			J		/	THE PERSON NAMED IN COLUMN TWO			
			" " m n l													

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91 24639

DHMH-16 Rev 1/89

	_
11	Page 1
(6)	BES.
100	問題力
	2
	2
	-

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINKEAL DIRECTOR: After this certificate has been signed by the attending physician and completely siled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. OECEDENT'S NAME (First, Middle, Last)	William R	oger Beig	hley	2. DATE OF OE MONTH AUGUST	18, 19	91 7:40 A M				
	4. SOCIAL SECURITY NUMBER 183-30-4171	1XX M 2 □ F 5		UNDER 1 YEAR IF UNDER 24 HOTHS DAYS HOURS M		TH	8. BIRTHPLACE (State or Foreign Country) Pennsylvania				
TOR	9a. FACILITY NAME (If not institution, give a Montgomery Gener RESIDENCE OF DECEDENT		96	Olney	OF DEATH	794	nty of DEATH tgomery				
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	gomery		er Spring			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
NERAL	4122 Notley Road			10f. ZIP CODE	20904	Uni	ted States				
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 (X) NO	13. WAS DECENDENT OF H It yes, specify Cuben, N 1 YES 2 X NO	laxican, Puerto Rican,		14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 12		Iffe. Do NOT use re	done during most of working		of Business/INI					
BE CON	17. FATHER'S NAME (First, Middle, Lest) Stanley R. Beig 190. INFORMANT'S NAME (Type/Print)	hley		Mary	s NAME (First, Middle, Elizabet	th Roge					
٩	Martha L. Beighl		4122 No	DRESS (Street and Number or the Ley Road, Son (Name of complex), cremator, cremator.	ilver Spr	ing, MD	20904				
	20e. METHOD OF DISPOSITION 1	SI	uburban Cr		20c. LOCATION — City or Town, State Silver Spring, Maryland						
		-B. EU	M00827		enue, Sil	ver Spr	ing, MD 20910				
	IMMEDIATE CAUSE (Final	a. CHRONIC OL	each line.	LUNG DIS			Interval Between Onset and Death				
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
DICAL CE	PART II. Other significent condition	na contributing to death	but not resulting in t	he underlying ceuse give		WAS AN AUTOPSY PERFORMED? YES XX NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN	EXAMINER? 1 YES 2X NO 27. MANNER OF GEATH	HOSPITAL: 1 inpetient 2 ER/Out		THER: Nursing Home 5 Resid		olly) E HOW INJURY O	CCHRED				
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide a Could not be	(Month, Day, Year) 28e. PLACE OF INJUR	Y Al home, ferm, stre	M 1 YES 2 N	28t. LOCATION	I (Street and Numbi	er or Rurel Route Number,				
LETED	4 Homicide detarmined	building, etc. (Spi			City or Tow	m, State)					
COMPLETED	(Check only 1 A CENTIFYING PHYS one) 2 MEDICAL EXAMINI	ER: On the basic of examinati			at the time, date end p	place, and due to t	the cause(a) and manner as stated.				
TO BE	11	sgerd, M. D	10	29c, LICENS	8425	2/1.	ugust 19, 1991				
	30. NAME AND ADDRESS OF PERSON WI Joseph Mizgerd,	M. D., 760	O Carroll	^{m)} Avenue, Tako	ma Park,	MD 20912	2				
	31. DATE FILED (Month, Day, Year) AUG 23 '91	32. A GUETRANE SIG	NATURE Pandage								

10		- 11	-
	700		Pages
	BALTIMORE, MARYLAND 21215-0020	res that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	igned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Puper ealth and Mental Hyglene prior to burial, cremation, or removal.
	CORDS, P.O. BOX 68760,	at the death certificate be executed within	igned by the attending physician and completely filled in by the 1 eatth and Mental Hyglene prior to burial, cremation, or removal.
	00	res th	igned

30X 68760, BALTIMORE, MARYLAND 21215-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as tibe fleed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		CE									
S NAME (First, Middle, Last	1)	7.7						MONTH DA	ν,	YEAR	3. TIME OF DEATH
									/ 91		5:50 PM
100			"		DAYS			OATE OF BIRTH (Month, Day, Year)		6. BIRTHP	PLACE (State or Foreign
	- 11	50	YRS.	111111111111111111111111111111111111111							
	street and number)			9b. CITY,	TOWN 0	R LOCATION	OF DEATH		9c. COU	NTY OF DE	ATH
	1.31			HYA	TTS	VILLE			PRIN	CE GI	EORGE'S
	ITY		10c. CITY	. TOWN OF	LOCAT	ION					10d, INSIDE CITY
ND PRIN	CE GEORGE	10								- 1	LIMITS?
	OB OBOROD			IIIAI					10a, CITI		
OTH PLACE						2079	Q 2				
	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS OEC			ORIGIN? (Specify Yes	or No-		- American Indian.
rried 2 🔀 Married	FORCES? 1	YES 24 N	0	If.	yes, spe	ecity, Cuban, A	Mexican, P				- American Indian, White, etc.
4 Divorced	11 125, 4112	MIT ON DAILE				1 110	ароспу.				HITE
								16b. KIND OF BUS	SINESS/INC		
		life	Do NOT use	e retired.)	uning mo	at or working					
	4	AR	CHITI	ECT							
IAME (First, Middle, Last)			200000000			18. MOTHER	R'S NAME	(First, Middle, Maiden	Sumame)		
IS D. BARR	ETT					I	FLORE	ENCE SMIT	'H_		
NT'S NAME (Type/Print)	•	198	. MAILING	ADDRESS	(Street a	nd Number or	Rural Route	Number, City or Tow	n, State, Zip	Code)	
R. BARRETT	_ (WI	FE) 5	407 2	2OTH	PLA	CE HY	YATTS	SVILLE, MA	RYLA	ND 2	20782
OF DISPOSITION	maral tage State	20b. PLACE	AND DATE	OF DISPO	SITION	(Name					
	mover from State	GATE	OF H	EAVEN	CE	METERY	Y E	3/24 SILV	ER S	PRINC	MARYLAND
FUNERAL SERVICE	LICENCEE	1					OF FACILI	TY			
Qu. 1 1/	D/ 1.	(
1000	1000	A commendate of	-11. 0								MD. 20901 Approximate
r liet conditions, ng to immediate r UNDERLYING ease or Injury	* b	(OR AS A CONSEC	DUENCE OF	7): 							7
	DUE TO	(OH AS A CONSE	JUENCE OF	·):							
	_ d										
ner aignificant conditi	one contributing to	death but not r	eculting I	n the und	derlyin	g cause giv	ren in Par	rt i. 24s. WAS AN PERFOI 1 TYES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ner algnificant conditi	ona contributing to	death but not r	eculting i	n the und				PERFOI	RMED?	24b.	COMPLETION OF CAUSE OF DEATH?
ner aignificant condition	HOSPITAL:			OTHER	26. PI	LACE OF DEA	TH (Check	PERFOI	RMED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ner aignificant condition	HOSPITAL:	□ ER/Outpstlent 3	DOA 28b. TIM	OTHER 4 Nurs	26. Pi t: ling Hon	LACE OF DEA	TH (Check	PERFOI 1 YES : only one) Other (Specify)	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
REFERRED TO MEDICAL TO STATE OF DEATH IN 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 26a. DATE Of (Month, I	□ ER/Outpatient 3 F INJURY Jay, Year)	DOA 28b. TIMI	OTHER 4 Nurs E OF URY M	26. Pi l: ling Hon 28c. IN, WC	LACE OF DEA: 10 5 Resid	TH (Check dence 6 [28	PERFOI 1 YES : only one) Other (Specify) id. DESCRIBE HOW	NAMED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
REFERRED TO MEDICAL 2 100 F DEATH	HOSPITAL: 1 Inpatient 2 25a. DATE Of (Month, i) 25a. PLACE	□ ER/Outpatient 3	DOA 28b. TIMI	OTHER 4 Nurs E OF URY M	26. Pi l: ling Hon 28c. IN, WC	LACE OF DEA: 10 5 Resid	TH (Check dence 6 [28	PERFOI 1 YES : only one) Other (Specify)	RMED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
REFERRED TO MEDICAL 17 2 NO 15 DEATH 11 5 Pending 1 Investigation 10 determined 1 CERTIFYING PH	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, i) 28a. PLACE building	ER/Outpatient 3 FINJURY Day, Your) OF INJURY — At ho, etc. (Specify)	29b. TIMM	OTHER 4 Nurs E OF URY M streel, factor	26. Pi i: ling Hom 28c. IN, WC 1 Dory, office	LACE OF DEA	TH (Check dence 6 [28 NO 24 nd due to	only one) Other (Specify) Id. DESCRIBE HOW BI. LOCATION (Street City or Town, State	AND STATE OF THE S	CURED or Aural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
REFERRED TO MEDICAL 17 2 NO 15 DEATH 11 5 Pending 1 Investigation 10 determined 1 CERTIFYING PH	HOSPITAL: 1 Inpetient 2 25a. DATE Of (Month, in 28e. PLACE of building 2 YSICIAN: To the best of times: On the basis of times.	ER/Outpatient 3 FINJURY Day, Your) OF INJURY — At ho, etc. (Specify)	29b. TIMM	OTHER 4 Nurs E OF URY M streel, factor	26. Pi i: ling Hom 28c. IN, WC 1 Dory, office	LACE OF DEA	NO 26 at the time	only one) Other (Specify) Id. DESCRIBE HOW BI. LOCATION (Street City or Town, State the cause(a) and me	and Number and due to the	r or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
REFERRED TO MEDICAL 17 2 1040 F DEATH 1 5 Pending Investigation 10 CERTIFYING PH 2 MEDICAL EXAM	HOSPITAL: 1 Inpatient 2 26a. DATE (Month, i) 28e. PLACE obuilding YSICIAN: To the best of INER: On the basis of	ER/Outpatient 3 FINJURY Day, Ybar) OF INJURY — At ho, atc. (Specify) If my knowledge, de axamination and/or	28b. TiMiliNJI ome, farm, e	OTHER 4 Nurs E OF URY M streel, factor and at the tiren, in my of	26. Pi i: ling Hom 28c. IN, WC 1 Dory, office	LACE OF DEA' ne 5 Resid JURY AT PRK? YES 2 N	NO 26 at the time	only one) Other (Specify) Id. DESCRIBE HOW BI. LOCATION (Street City or Town, State the cause(a) and me	and Number and due to the	r or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
REFERRED TO MEDICAL TO BE DEATH IS DEATH IS DEATH IS DEATH IS DEATH INVESTIGATION INVESTI	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, interpretation) 28b. PLACE (building) YSICIAN: To the best of INER: On the basis of INER: WHO COMPOSTED CALL	ER/Outpatient 3 FINJURY Day, Ybar) OF INJURY — At ho, atc. (Specify) If my knowledge, de axamination and/or	28b. TiMiliNJI ome, farm, e	OTHER 4 Nurs E OF URY M streel, facto	26. Pilicitic in the state of t	LACE OF DEATH	NO 26 at the time	only one) Other (Specify) Id. DESCRIBE HOW BI. LOCATION (Street City or Town, State the cause(a) and me	and Number and due to the	r or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	LES E. BAI CURITY NUMBER 2-8743 IAME (If not institution, give COTH PLACE FOR DECEDENT 10b. COUN IND PRIN NO NUMBER OTH PLACE INTERPORT OF COUNTY ON PRIN IND NUMBER OTH PLACE INTERPORT OF COUNTY ON PRIN IND DECEDENT'S ET IND DECE	S. SEX 1	LES E. BARRETT CURITY NUMBER 3. SEX 4. AGE (in yrs. lest 1. XM 2 F	LES E. BARRETT CURITY NUMBER \$. SEX \$. AGE (In yrs. last birthday) \$. 2 - 87 4 3 \$. TYPE	LES E. BARRETT CURITY NUMBER S. SEX 1	LES E. BARRETT JURITY NUMBER 5. SEX 1	LES E. BARRETT CAND Content C	LES E. BARRETT UNITY NUMBER S. SEX S. AGE (in yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7.	LES E. BARRETT CURITY NUMBER S. SEX G. AGE (in yrs. last birthday) JUNE 1 (IN or institution, give street and number) JAME (in or institution, give street and number) JOTH PLACE GOTH PLACE GOTH PLACE FORCEST 108. COUNTY IND PRINCE GEORGE S 11. WAS DECEDENT 1 (IN OR IN OR LOCATION OF DEATH HYATTSVILLE NO NUMBER OTH PLACE 12. WAS DECEDENT 1 (IN OR IN OR LOCATION HYATTSVILLE NO NUMBER OTH PLACE 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specity Very Mark of Date 2 (In No. 1) (If YES, QIVE WAR OR DATE 3 (In No. 1) (If YES, QIVE WAR OR DATE 3 (In No. 1) (If YES, QIVE WAR OR DATE 3 (In No. 1) (If YES, QIVE WAR OR DATE 3 (In No. 1) (If YES, QIVE WAR OR DATE 3 (In No. 1) (If YES, QIVE WAR OR DATE 3 (In No. 1) (If YES, QIVE WAR OR DATE 3 (In No. 1) (In No	LES E. BARRETT DURITY NUMBER 5. SEX 1. IXM 2 F	LES E. BARRETT UNITY MUMBER 1. S. SEX 1. AGE (in yrs. lest birthday) FUNDER 1 YEAR 1. S. DAYS 1. S. DAYS 1. S. DAYS 1. S. DAYS 1. S. DAYS 1. S. DECEDENTS 1. S. DECEDENTS EDUCATION (Specify only inclosed your price of more incomplesed) 1. S. DECEDENTS EDUCATION (Specify only inclosed your price) 1. S. DECEDENTS EDUCATION (Specif

he hos	Jetache	nce.
10	200	te.
tained	shoul	Uffle
De ne	96 5	0 a
may	or, pa	net
age 6	direct	E 10
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he flad within 72 hours after death with the State Dest. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
after d	y the	eal e
OUITS	d in b	Ted.
1 +7	y fillection,	the 1
within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after health with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
ecuted	nd co	ulic e
De ex	ior to	raum
ificate	physical phy	her t
h cert	Hyaik	or of
ne deal	the att	Juny,
that th	d by	my i
uires	Healt	DWS 3
W red	been pt. of	3 sh
The	te has	ВШ 2
MAI:	ntifica he St	or It
HYSI	this ce	ked,
ING F	After Seath	Har
TEN	TOR:	28 Is
OR A	DIREC	Ee
PITAL	ERAL 0 72 1	1.1
HOS	FUN	MATE
ST 0	D THE	MPOF
	- 4	=

2

C.

PERKINS

	1. DECEDENT'S NAME (First, Middle, Lest)	Bes	RY EMMA	BEALI				2. DATE OF MONTH	DEATH	AY C	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest I		F UNDER 1 YEAR	IF UNDER		7. DATE OF		8. BIRTHPI Country)	LACE (State or Foreign	
	577-09-8422	1 🗆 M 2 🗡 F	83	YRS.	ONTHS DAYS	HOURS	MIN.	5~ e	_ /	280	MARY	LAND
	9a. FACILITY NAME (If not institution, give	street and number)		1 4	b. CITY, TOWN	OR LOCATI	ON OF DE			9c. COU	NTY OF DEA	
S.	Potomac Val	Ley Mrs	SIMP CRO	1/e1	Rok	1200	·N	17).		Mood	norgen	mus.
DIRECTOR	RESIDENCE OF DECEDENT	w ()	U	40- 0774	TOWN OR LOC	TION				17		5
E	10012002											IOd. INSIDE CITY
	MARYLAND MON'	TGOMERY		SII	VER SE					T		YES 2 NO
FUNERAL					- 1'	of. ZIP COD				10g. C11		IAT COUNTRY?
圆	117 GRANVILLE D						0901	The second			USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 NO							e or No—	Black,	American Indian, White, etc.	
	15. DECEDENT'S ED	JCATION	16a. DEC	EDENT'S U	SUAL OCCUPAT	ION		16b. K	IND OF B	JSINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	Mo. E	Do NOT use	rk done during n retired.)	lost of world	ng					
릴		2		SONNE	EL MANA	GER		U	J.S.	GOVE	RNMENT	r
ő	17. FATHER'S NAME (First, Middle, Lest)					4	HER'S NA	ME (First, Mic				
BE C	ALBERT P. BEALL					MAI	RGARI	ET DOF	RSEY	WATE	RS	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street	and Numbe	r or Rural I	Route Number	City or To	wn, State, Zi	ip Code)	
۲	ALBERT P. BEALL,	JR. (NEP	HEW) 41	6 WES	TBURY	DRIVI	E RI	IVA. M	IARYA	LND	21140)
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE O other place	F OISPOSIT	EPISCO	emetery, crea	metory or		20c. L	OCATION -	MARVI	.,
	21. SIGNATURE OF TUNERAL SERVICE L	CENTEE	0		22. NAME	AND ADDRE	SS OF FA	CILITY				
	· 7/./	$\bigcap V_{\bullet}$						LLINS				
	00 DART I Sales the discours on	Juga		45 Da								MD. 20901
	23. PART i. Enter the diseases, or ahock, or heart fellure.											Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition		X		7.	. /	P					Onset and Death
	resulting in death)	•	JS PI	RA	1101)	IV	e U	10/	LA		178m
		11,	OR AS A CONSECU	UENCE OF):		1	1.			1		1000
O	Sequentially list conditions,	b. DUE TO	MAN	+ IN	MUNI	ac	ric	IPN	cy	UNU	4	1785
AT	If any, leading to immediate cause. Enter UNDERLYING	552 10	(011 100 11 00113201	DENOE OF J.			-	TNE	41	con		
CERTIFICATION	CAUSE (Disease or injury that initiated events	С	(OR AS A CONSEQU									
E	resulting in desth) LAST		A 17.00									
S		d										
AL	PART II. Other significant condition	ons contributing to	death but not re	sulting in	the underly	ng cause	given in	Part I. 2		N AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									YES	2 NO		COMPLETION OF CAUSE OF DEATH?
ME										/-		1 YES 2 NO
ä												
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF	DEATH (Ch	neck only one)				
ഗി	1 YES 2 NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3 [OTHER: 4 - Nursing Ho	me 5 🗆 R	lesidence	6 Other	Specify)			
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE Of (Month, L		28b. TIME INJU		JURY AT ORK? YES 2	□ NO	28d. DEŞC	RIBE HOW	INJURY O	CCURED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (OF INJURY — At horn, etc. (Specify)	ne, ferm, st	reet, fectory, of	ice		28f. LOCAT City or	TON (Street Town, State	t and Numb	er or Rural Ro	oute Number,
E	29a. CERTIFIER											
COMPL	Check only 1 CERTIFYING PHY	CICIAN. To the best -	d mu because des des	th age.	4 -4 44 44 44 1	to mark of		- a- ab	-4-1		to the sale	

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

5401

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/69

WESTERN AVENUE, N.W. WASHINGTON, D.C. 20015

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 mounts filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICAT	E OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Least)		2. DATE OF DEATH	S QYEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 1. AM 2 F 83 VRS. NONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/15/08	8. BIRT Coun	HPLACE (State or Foreign try) Rhode Islan				
TOR	SCOVE AND HOSPITA RO	mery							
DIRECTOR		ATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							
	Maryland Montgomery Rockv	ille		10a CITIZEN OF	1 X YES 2 NO WHAT COUNTRY?				
FUNERAL	6121 Montrose Road	20852		United	States				
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES '	It was DECENDENT OF HISPAN If yes, specify Cuben, Mexicer 1 YES 2 NO Specify	, Puerto Ricen, etc.)	Bla	CE — American Indian, ck, White, etc. city: White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work don- life Do NOT use retired	during most of working	16b. KIND OF BUS	HNESS/INDUSTRY					
COMPLETED	12 College (1-4 or 5+) Medic				tional Guard				
	17. FATHER'S NAME (First, Middle, Last) William Brier	The Indiana Control	ME (First, Middle, Melden Celdhorn	Surname)					
TO BE		SS (Street and Number or Rurel F		n, Stelle, Zip Code)					
-	Wilma A. Brier (daughter) 903 Malc	olm Dr., Silv		MD. 20					
	1 Depuried 2 Cremelton 3 Removal from State 200. Pt. Core of Discosition () 1 Depuried 2 Cremelton 5 Other (Specify) Lincoln Park				ode Island				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. D	anzansky-Gold	lberg Memon	cial Cha	pels, Inc.				
	23. PART I. Entar the diseases, or complications that caused the death. Do not ant	170 Rockville			MD. 20852 Approximata				
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition	och			Onset and Death				
	DUE TO (OR AS A CONSEQUENCE OF):				3.0				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. Due to (or as a consequence of):								
IFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents DUE TO (OR AS A CONSEQUENCE OF):								
ERT	resulting in death) LAST								
	PART II. Other algnificant conditions contributing to death but not resulting in the	undariying cause givan in	Part I. 24a. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
EDICAL	Verening eday, po	alissame	1 D YES 2	KXN0	OF DEATH?				
PHYSICIAN: M			_		1 TES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTH:	26. PLACE OF DEATH (Ch	ock only one)						
IXSI		ursing Home 5 - Residence	6 Other (Specify) 28d. DESCRIBE HOW I	N HIEV OCCUPED					
BY PF	25 Accident Investigation 2	WORK?	28d. DESCRIBE NOW I	NJURY OCCURED					
	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fi	actory, office	281. LOCATION (Street City or Town, State)		il Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of my knowledge, death occurred at the content of the best of the best of my knowledge, death occurred at the content of the content of the content of the content of the best of the content				n(e) end manner ee stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUI	49ER	29d. DATE SIGNI	ED (Month, Day, Year)				
TO BE	former mo	2497	-1	1 8/15	121				
-		STADY GRO	VE Rd	Rock	ville				
	31. DATE FILED (Month, Day ber) 31. DATE FILED (Month, Day ber) 31. DATE FILED (Month, Day ber) 4. G. J. Landson Mandall.	,							

ST 22 72 Key Comment A . 18 1 3 1 70 programme and programme

FOR

	1 - STATE REGISTRAR	SIAIL OF MANIL	CERTIFIC		F DEATH	MENIAL	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH	,	3. TIME OF DEATH		
	EVA	FRANCES COL	LEMAN			August 12, 1991			10:13 A. M		
		5. SEX FEM 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month) 2 / 1	Dey, Year)	- 1	BIRTHPLACE (State or Foreign Country) Maryland		
	9e. FACILITY NAME (If not institution, give stre						1/1/52	9c. COUNTY			
TOR	Kent & Queen Anno	Kent & Queen Anne Hosp. Chestertown							Kent		
DIREC	Maryland Ken		10c. CITY, YOWN OR LOCATION Millington					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL DIRECTOR	10s. STREET AND NUMBER 256A BO							10g. CITIZEN OF WHAT COUNTRY? USA			
à l	11. MARITAL STATUS Married 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC 14. WAS DECENDENT OF HISPANIC 15. WAS DECENDENT OF HISPANIC 14. WAS DECENDENT OF HISPANIC 15. WAS DECENDENT OF H			n, Puerto Ricen, etc.) Black, White,			RACE — American Indian, Black, White, etc.				
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	COOV					TRY				
BE COM	17. FATHER'S NAME (First, Middle, Lest) Raymond Meekins 18. MOTHER'S NAME (First, Middle, Melden S Fannie Blacki						Surname)				
10 B	19a. INFORMANT'S NAME (Type/Print) Charles Ford Coler	man	196. MAILING A		t and Number or Rural 1 Millit				ode)		
	20a. METHOD OF DISPOSITION B1	urial 200	b. PLACE OF DISPOSITION other place)	TION (Name of o	cemetery, crematory or		20c. LOC	ATION - City	y or Town, State		
	4 Donation Other (Specify)	ENGEE	Chester		ry (8/16,) Ches	terto	wn, Md.		
	· Hail	Dis (1)	000		villis Wel			Box # rtown	264 , Md. 21620		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Lhow Uhorn Onset and Death Lhow Onset and Death Lhow Onset and Death Lhow Onset and Death Lhow Onset and Death Lhow Onset and Death Lhow Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
DICAL	PART II. Other aignificant conditions	contributing to death b	out not resulting in	the underly	ing cause given in	Part I.	24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: ME						-			1 D-Yes 2 No		
ž	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C/	eck only on	e)				
2		HOSPITAL:		OTHER:	ome 5 🗆 Residence	6 🗆 Other	(Specify)				
ξĺ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, I	NJURY AT WORK?		CRIBE HOW I	JURY OCCU	RED		
2	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Rural Route Number,		
COMPLETED	2001	ZIAN: To the best of my know R: On the basis of examination							euse(s) and manner as stated.		
R	29b. SIGNATURE AND TITLE OF GENTAFIER	Con mo	(# D 170	36)	29c. LICENSE NU	MBER 3		29d. DATE S	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE			shinston	are	nere (Ilst.	An Md 210		
	31. DATE FILED (MAUG 75), 1600)	32. REGISTBAR'S SIGN	NATURE WICKEN	200							

		育
		8
	in.	framely
46	g physic	y the funeral director, page 5 should be detached for use as the burial trans-
5	2	書
6	B	增
0	r attending	8
BALTIMORE, MARYLAND 21203-314	after death. Page 6 may be retained by the haspital or	b
0	뜛	20
¥	Z	tact
₹	the	9
الح	3	2
Æ	pa	pinc
A	etair	S
\geq	9	5
μî	JA D	bad
Œ	Ĕ	6
0	9 9	rect
Σ	Pag	0
E	Ė	lera
A	dea	Ž
m	ter	the
	69	> 1

ed at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shor		IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifil
9	age		pe I
E	or, p		nst
96	lirect		E
8	ral d		line
death	fune		хап
fter	the	Oval	je
nr.s	in by	TIET.	edic
4 P	illed	п, од	E 9
in 2	ely f	natio	#
d with	mplet	be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	even
cute	00 p	urial	tic.
900	In ar	2	ЕШП
te b	Sicie	phor	ta
tifica	dd B	ene	ther
h ce	ndin	E P	0,0
deat	e atte	euta	'n,
the	y th	N N	Ξ
that	ped b	E S	any
ulres	sign	Hea	DWS
v red	been	t. of	sh
- A	has	Ded	1 23
Ë	cate	State	Hen
CA	ertif	the	0
HYS.	this c	with	ked,
NG	fter	eath	EE
END	R: A	ter d	20 18
L OR ATTENDING PHYSICIAN: The law	ECTO	rs aft	n 28
98	DIR	POL	Iten
PITAL	ERAL	12	T: H
SS	FUN	with	IAN
뿔	뿔	fled	POR
2	2	200	Ξ

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

×.,

Ī	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTII	RTMENT OF I		IENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)		1,60			2. DATE OF DEATH	DAY Y	3. TIME OF DEATH			
- 1	Walter James Car	ndy				July 18	, 1991	6,45 P m			
- 1		1111	MGE (in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
i	217-36-0245	1 M 2 □ F	86 YRS.	WOWTHS DATS	HOURS WIN.	Nov. 7, 1	.904	Nebraska			
	9a. FACILITY NAME (If not Institution, give stre	set and number)		9b. CITY, TOWN	OR LOCATION OF DEA	ATH	9c. COUNTY	OF DEATH			
8	(at home) Roberts	home) Roberts Drive Galena, MD Ke						nt			
ᄗ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						10d. INSIDE CITY				
5 1	MD	Kent	Galena, MD					LIMITS?			
FUNERAL DIRECTOR	10e. STREET AND NUMBER	101. ZIP CODE					OF WHAT COUNTRY?				
8	Roberts Drive	21635					USA				
3	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1 1	ER IN U.S. ARMED			C ORIGIN? (Specify Ye	a or No 14	. RACE — American Indian, Black, White, etc.			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			pecify Cuben, Mexican S 2 NO Specify:			Specify:			
				<u> </u>		T	l	White			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)	(Give kind o	S USUAL OCCUPAT f work done during m use ratinad.)	ost of working	16b. KIND OF BU	JSINESS/INDUS	TRY			
1 12	Elementary/Secondary (0-12)	College (1-4 or 5+)	Fam	SCORINGES.		Fari	mi n				
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		1 rain	K.I.	18. MOTHER'S NAM	ME (First, Middle, Maide					
	James Candy				Clara	Burmieste	er	i			
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural R	loute Number, City or To	wn, State, Zip Co	ide)			
2	Bernice Candy		sa	ame as alt	ove						
	20g METHOD OF DISPOSITION 1	and drawn State	20b. PLACE OF DISP other place)	OSITION (Name of o	metery, cremetory or			y or Town, Stata			
	4 Donation 5 Other (Specify)	THE HOME STATE	Ga	alena Cen	netery	Ga	alena ,	MD			
i	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			ND ADDRESS OF FAC						
	Janu B.	+10000	15		ws Funera	ar Home Millingto	on MD	21651			
-	23. PART I. Enter the diseases, or co							t, Approximate			
	ahock, or heart failure. L	ist only one cause of	on each line.								
- 11	IMMEDIATE CALISE (Final							Interval Between Onset and Death			
	iMMEDIATE CAUSE (Final disease or condition	Rev		ilus				Onset and Death			
		DUE TO (OR		ilens			. د	Onset and Death			
N	disease or condition reaulting in death)	DUE TO FOR		ilend or: trophy	= Ala	berner	(s de	Onset and Death			
ITION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR DUE TO (OR A	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	ilendo OF: The play OF:	= Ala	bonne	(s de	Onset and Death			
-ICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	. 13	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE P. 27		= Ale	hemier	(s Den	Onset and Death			
TIFICATION	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	. 13			= Ala	homier	(s de	Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	. 13	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE P. 27		= Ale	home	(s de	Onset and Death			
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):		Part I. 24a. WAS A	N AUTOPSY PRIMED?	Onset and Death			
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):		Part I. 24a. WAS A	N AUTOPSY ORMED?	Onset and Death 24b. WERE AUTOPSY FINDINGS			
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):		Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions ###################################	DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF): g in the underlyi	ng cause given in i	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART ii. Other significant conditions Japan Last Conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE ath but not resulting	OF): g in the underlying the underly	ng cause given in i	Part I. 24a. WAS A PERF(1 YES	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions ### CAUSE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR contributing to dea HOSPITAL: Inpetient 2 ER	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE ath but not resulting H Woutpetient 3 DOA	OF): 26. OTHER: 4 Nursing Ho	ng cause given in	Part I. 24a. WAS A PERF(1 YES pck only one) 6 Other (Specify)	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART ii. Other significant conditions Japan Last Conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR	AS A CONSEQUENCE AS A CONSEQU	OF): 26. I OTHER: 4 Nursing Ho NURY NURY	PLACE OF DEATH (Che	Part I. 24a. WAS A PERF(1 YES	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions ### Conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR contributing to dea contributing to de	AS A CONSEQUENCE AS A CONSEQU	OF): g in the underlying the state of the s	PLACE OF DEATH (Che me 8 Residence LIURY AT ORK? YES 2 NO	Part I. 24a. WAS A PERFC 1 YES ck only one) 6 Other (Specify) 28d. DESCRIBE HOW	N AUTOPSY PRMED? 2 — NO	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions ### PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR contributing to dea contributing to de	AS A CONSEQUENCE AS A CONSEQU	OF): g in the underlying the state of the s	PLACE OF DEATH (Che me 8 Residence LIURY AT ORK? YES 2 NO	Part I. 24a. WAS A PERF(1 YES pck only one) 6 Other (Specify)	N AUTOPSY DRMED? 2 NO T INJURY OCCUI	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions LEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR a contributing to dea HOSPITAL: Impetient 2 ER 28a. DATE OF INJ (Month, Day, Y	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE ath but not resulting Woutputient 3 DOA URY 28b. T	OF): 26.1 OTHER: 4 Nursing Ho NURY M 1 1, street, factory, off	PLACE OF DEATH (Cheme & Residence LURRY AT ORK? YES 2 NO	Part I. 24a. WAS A PERFC 1 YES ock only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, State	N AUTOPSY DRMED? 2 NO INJURY OCCUI	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO			
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions ### PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR CONTributing to dea CONTRIBUTION CONTRIBUTIO	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE ath but not resulting Worth but not resulting Worth but not resulting WOUTH 286. T	OF): 26. I OTHER: 4 Nursing Ho NURY M 1 I, street, factory, off	PLACE OF DEATH (Cheme 6 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS A PERF(1 YES 1 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Stree City or Town, Stell to the cause(a) and m	N AUTOPSY PRIMED? 2 NO INJURY OCCUPATION OF A STATE OF THE STATE OF TH	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions LEXAMINER? 1 YES 2 NO 27. MANNER OP DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR a contributing to dea HOSPITAL: 1 Impetent 2 ER 28a. DATE OF INJ (Month, Day, Y 28a. PLACE OF IN building, etc.	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE ath but not resulting Worth but not resulting Worth but not resulting WOUTH 286. T	OF): 26. I OTHER: 4 Nursing Ho NURY M 1 I, street, factory, off	PLACE OF DEATH (Che me 6 Residence UURY AT ORK? YES 2 NO ice te and place, and due death occured at the	Part I. 24a. WAS A PERF 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and m time, data and place,	N AUTOPSY RIMED? 2 NO TINJURY OCCUI t and Number or e)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions ### PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR a contributing to dea HOSPITAL: 1 Impetent 2 ER 28a. DATE OF INJ (Month, Day, Y 28a. PLACE OF IN building, etc.	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE ath but not resulting Worth but not resulting Worth but not resulting WOUTH 286. T	OF): 26. I OTHER: 4 Nursing Ho NURY M 1 I, street, factory, off	PLACE OF DEATH (Cheme 6 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS A PERF 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and m time, data and place,	N AUTOPSY RIMED? 2 NO TINJURY OCCUI t and Number or e)	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(a) and manner as stated.			
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR DUE TO (OR CONTributing to dea CONTRIBUTING CONTRIBUTION	AS A CONSEQUENCE AS A CONSEQU	OF): g in the underlying the underlying in the	PLACE OF DEATH (Che me 6 Residence LIURY AT VES 2 NO ice te and place, and due death occured at the	Part I. 24a. WAS A PERFC 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and making, data and place, MBER	N AUTOPSY PRMED? 2 NO INJURY OCCUPANT AND AND AND AND AND AND AND AND AND AND	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR DUE TO (OR CONTributing to dea CONTRIBUTING CONTRIBUTION	AS A CONSEQUENCE AS A CONSEQU	OF): g in the underlying the underlying in the	PLACE OF DEATH (Che me 6 Residence LIURY AT VES 2 NO ice te and place, and due death occured at the	Part I. 24a. WAS A PERFC 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and making, data and place, MBER	N AUTOPSY PRMED? 2 NO INJURY OCCUPANT AND AND AND AND AND AND AND AND AND AND	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(a) and manner as stated.			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR DUE TO (OR CONTributing to dea CONTRIBUTING CONTRIBUTION	AS A CONSEQUENCE AS A CONSEQU	OF): g in the underlying the underlying in the	PLACE OF DEATH (Che me 6 Residence LIURY AT VES 2 NO ice te and place, and due death occured at the	Part I. 24a. WAS A PERFC 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and making, data and place, MBER	N AUTOPSY PRMED? 2 NO INJURY OCCUPANT AND AND AND AND AND AND AND AND AND AND	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(a) and manner as stated.			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

GORDON)						MONT	OF DEATH	WY	YEAB	3. TIME OF DEATH
	FOSSE			CUMI		-	Augu		3	1.991.	8:05 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las		IF UNDER 1	YEAR DAYS	HOURS MIN.	(Mogti	OF BIRTH		Countr	
219-16-4812	1 ₹M 2 □ F	71	YRS.	1000			2/1	0/19	20		ryland
9a. FACILITY NAME (If not institution, give street and number) VA Medical Center Perry Point Cecil											
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY				
Maryland Harford		7			Re	l Air				- 1	LIMITS?
10e. STREET AND NUMBER						ZIP CODE	10g. CITIZEI			TIZEN OF V	WHAT COUNTRY?
234C Crocl	70				210				TT.	S.A.	
11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. ARMED		13. W	AS DECE	NOENT OF HISPAI	NIC ORIGIN	1? (Specify Ye	s or No-	14. RACE	- American Indian,
IF YES, GIVE WAR OF		M YES 2 DI	R DATES 1 YES 2 NO Specif			can, Puarto Rican, atc.) E			Speci	white, etc.	
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DE	ECEDENT'S	USUAL OCC	CUPATIO	N t of working	16b	. KIND OF BU	ISINESS/IF		
Elementary/Secondary (0-12)	Collega (1-4 or 6	life.	. Do NOT u	se retired.)		. or working					
11	4		Of	fice	r			U.	S.	Army	
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA			Surname)		
	earce	Cummir						otte		Foss	ett
19a. INFORMANT'S NAME (Type/Print)	~ .					d Number or Rural	Route Num	ber, City or Tox	wn, State, 2	Elp Code)	
Margie Boggs		5	S	ame a	as	#10					
20 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rec	moval from State	other p	b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)							- City or To	
4 Donation 5 Other (Specify)		St.	Jam		-	tery	8/2	25 Mo	nkt	on,	Maryland
22. NAME AND ADDRESS OF FACILITY Kurtz Funeral Home Jarrettsville, Maryland											
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due to (or as a consequence of):											
Sequentielly list conditions, if sny, leading to immediate COCONARY Heart Disease DUE TO (OR AS A CONSEQUENCE OF):										-	
cause. Enter UNDERLYING	Insul:	in Depen	dent	Diabe	etes	s Mellit	us				
CAUSE (Disease or injury											
CAUSE (Disease or injury that initiated events	resulting in death) LAST Hypertension										
that initiated events	d. Hyper	tension									
that initiated events resulting in death) LAST				In the read	to etc. In a		Don't I				
that initiated events			resulting	in the und	ierlying	cause given in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	Y 24b	AVAILABLE PRIOR TO
that initiated events resulting in death) LAST PART II. Other significant conditions			resulting	in the und	ierlying	cause given in	Part I.	PERFO	RMED?	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
that initiated events resulting in death) LAST	ons contributing to		resulting		26. PL	cause given in		PERFO	RMED?	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions to the conditions of the con	DOS CONTRIBUTING TO			OTHER:	26. PL.		neck only or	PERFO 1 VES	RMED?	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions to the conditions of the con	HOSPITAL: 1 Xinpatient 2 26a. DATE O	desth but not	3 □ DOA 28b. TIM	OTHER:	26. PL.	ACE OF DEATH (C)	neck only or	PERFO 1 VES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions to the conditions of the con	HOSPITAL: 1 Xinpatient 2 28a. DATE O	Didesth but not	3 □ DOA 28b. TIM	OTHER:	26. PL.: ing Home	ACE OF DEATH (C) 6 Residence JRY AT	neck only or	PERFO 1 VES ne)	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	HOSPITAL: 1 Vinpetient 2 26a. DATE Of (Month, Inc.)	Didesth but not	3 DOA	OTHER: 4 Nursir AE OF 2 JURY M	26. PL.: :ng Home 28c. INJU WOI 1 Y	ACE OF DEATH (CF	6 Other	PERFO 1 VES ne)	RMED?	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the condition	HOSPITAL: 1 Vinpatient 2 26a. DATE Of (Month, Inc.) 26b. PLACE (building)	Description of the property of	3 DOA 25b. Tili 1N orne, farm,	OTHER: 4 Nursir AE OF 2 JURY M atreet, factor	28. PL.: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DEATH (C/	6 Other	PERFO 1 VES 1 (Specify) SCRIBE HOW CATION (Street or Town, State use(a) and me	INJURY O	CCURED per or Rural is taled.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Xinpatient 2 28a. DATE Of (Month, I) 28b. PLACE (building) /SICIAN: To the best of (NER: On the bases of (NER)	Description of the property of	3 DOA 25b. Tili 1N orne, farm,	OTHER: 4 Nursir AE OF 2 JURY M atreet, factor	28. PL.: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DEATH (C/	6 Other 26d. DE:	PERFO 1 VES 1 (Specify) SCRIBE HOW CATION (Street or Town, State use(a) and me	INJURY O	ccured ber or Rural I	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the condition	HOSPITAL: 1 Xinpatient 2 28a. DATE Of (Month, I) 28b. PLACE (building) /SICIAN: To the best of (NER: On the bases of (NER)	Description of the property of	3 DOA 25b. Tili 1N orne, farm,	OTHER: 4 Nursir AE OF 2 JURY M atreet, factor	28. PL.: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DEATH (CI	6 Other 26d. DE: 26f. LOC City a to the ce a time, dete	PERFO 1 VES 1 (Specify) SCRIBE HOW CATION (Street or Town, State use(a) and ma	INJURY O	ccured ber or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the condition	HOSPITAL: 1 Xinpatient 2 28a. DATE Of (Month, I building) 28b. PLACE (building) 28c. PLACE (building) 28c. PLACE (building)	Didesth but not	3 DOA 26b. Tili 1N 26b. Tili 1N 26b. Tili 1N 26b. Tili 2	OTHER: 4 Nursin AE OF JURY M atreet, factor red at the tim on, in my opi	28. PL.: ing Home 28c. INJI WOI 1 Y ry, office	ACE OF DEATH (CF	6 Other 26d. DE: 26f. LOC City a to the ce a time, dete	PERFO 1 VES 1 (Specify) SCRIBE HOW CATION (Street or Town, State use(a) and ma	INJURY O	ccured ber or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the condition	HOSPITAL: 1 Vanpatient 2 26a. DATE Of (Month, Inc.) 26b. PLACE (building) 26c. PLACE of building 26c. PLACE of the best of the basis of	Didesth but not	3 DOA 26b. Tife 1N come, farm, eath occur investigati	OTHER: 4 Nursir AE OF 2 JURY M atreet, factor red at the tim on, in my opi	26. PL.: ing Home 28c. INJU WOO 1 Y ry, office	ACE OF DEATH (C/	6 Other 26d. DE: 26f. LOC City a to the ce a time, dete	PERFO 1 VES 1 VES PERFO 1 VES PERFO 1 VES PERFO 1 VES PERFO 1 VES 1	INJURY O	ccured ber or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO Route Number,



2:0:18 10

Pos	Iche	øj
the	deta	000
8	8	76
ned	ouk	fled
reta	5 5	5
be /	age	pe
ma	Di, D	IST
9 96	rect	Ē.
S.	p Je	iii
eath	fune	Cam
fter d	the the	<u>a</u>
ITS 3	to u	ogge
9	palled .	3
TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any uniting the character of the companies	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
with	crem	vent
uted	COU	9
coec	and o	nat
2	cian tion	Tau.
cate	physical part of the part	-
Sertif	Ding	E E
ath	thend H k	0 ,
e de	Men a	3
at th	A Pue	y In
# Si	amb amb	an a
quire	f He	MO
w re	bee	3 84
e la	has	1 2
F. N	Crate	Te.
SICIA	certif	6
SHA	this	ke
NG	fler	ma m
ENDI	R: A	8
ATT	ECTO	22
DR	DIR	le le
TAL	A E	=
OSP	UNE	AM
포	出る	OFT
10	2 5	M
,	,	-

1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF		MENIAL HYGIE REG. N				
1. DECEDENT'S NAME (First, Middle, Last MONA MA	600	Crawfo ORD	rd		2. DATE OF DEATH	720/91	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 079-12-8761		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 12,	1910	BIRTHPLACE Came of Foreign Country) BUITA 1		
	street and number) Falls ENERAL HOS	ton Gen.	96 CITY, TOWN	OR LOCATION OF DI	Fällston	9c. COUNT	WOF DEATH HARTORD		
10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY		
Maryland Har	ford County	1	Bel Air				1 X YES 2 NO		
300 Sunflower Drive - Apt. 316						10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	N U.S. ARMED 2 NO PATES	If yes, a		NIC ORIGIN? (Specify \ in, Puerto Rican, etc.) y:	14. RACE — American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S EL (Specify only highest gra-	1024	work done during r se retired.)	nost of working	16b. KIND OF B					
12 17. FATHER'S NAME (First, Middle, Last)		Invento	ry Cont				1 Laboratory		
Harold	5	Swayze			ME (First, Middle, Meidl Mae	en Sumame)			
19a. INFORMANT'S NAME (Type/Print)	aughter836-96	98 196, MAILING	ADDRESS (Stree			own, State, Zip (Code)		
Mrs. Phyllis A.					el Air, M	arylan	d 21014		
20s. METHOD OF DISPOSITION 1 Burlel 236 Cremation 3 Re 4 Donation 5 Other (Specify)	o. PLACE AND DATE OF DISPOSITION (N/27/91 cemetary, crematory or other place) reemount Crematory			1	Date 20c. LOCATION — City or Town, State Baltimore, Maryland				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FOSTER Funeral Home 50. Worth Broadways & Williams Street									
23. PART I. Enter the diseases, o			_						
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE O	COPD HI:						
PART II. Other significant conditions of Parties.		but not resulting	in the underly	ing cause given in	Part i. 24a. WAS , PERF 1 1 YES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpatient 2 □ ER/Out	patient 3 DOA	OTHER: 4 - Nursing He	ome 5 🗆 Residence	6 Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIA	JURY 1	NJURY AT WORK? YES 2 NO	26d. DESCRIBE HOV	HOW INJURY OCCURED			
2 Culatta	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)						LOCATION (Street and Number or Rural Floute Number, City or Town, State)		
one)	/SICIAN: To the best of my know						d. cause(a) and manner as stated		
29b. SIGNATURE AND TITLE OF CERTIF	TER			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)		
Dawy S.	>				259	>	8/26/91		
30. NAME AND ADDRESS OF PERSON I	10 112	1 Bel At	r Rd H	id S. Dun					
31. DATE FILEO (Month, Day, Sper)	19 32. REGISTRAR'S SIGN	NATURE DAVIDA	Randell						

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

島	劐	42
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending president	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning man have find within 72 hours after death with the State Dept. of Health and Mental Hoplene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MA			CATE				MENT	AL HYGIEN			
	LFONZ CHA	MP		95				MON	E OF DEATH	3 9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-16-6302	1 CX 2 F	. AGE (In yrs. last bi			DAYS	IF UNDER	MIN.	(Moi	E OF BIRTH oth, Day, Year)		s. BIRTH Country	PLACE (State or Foreign MD
9a. FACILITY NAME (If not institution, give 1418 MIDDLETOWN]				9b. CITY, T BRC	ADNI		ON OF D	EATH		1112	E AR	UNDEL
10a. STATE 10b. COUNT	ARUNDEL		10c. CITY	RURA	T		POL	S				10d. INSIDE CITY LIMITS? 1 YES 2 N
100. STREET AND NUMBER 1418 MIDDLETOWN	ROAD				101.	ZIP COD		214	01	10g. CITI		/HAT COUNTRY?
11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 NO	ED .	10 1	yes, spec	elfy Cubi		n, Puerte	ilN? (Specify Ye o Rican, atc.)			— American Indian, c, White, alc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION completed) Coffege (1-4 or 5+)	(Give	kind of w o NOT use	USUAL OCC ork done du retired.)	CUPATION ring most	t of worki	ing	10	Sb. KIND OF BU	JSINESS/INC		
17. FATHER'S NAME (First, Middle, Last) ALLEN	CHAMP					16. MOT	HER'S N		, Middle, Melde LINE	? Sumame)		
MARVIN M. REDDII		14	18	MIDDI	ETO	WN F		- A	mber, City or To NNAPOL	IS, M	D. 2	
20 METHOD OF DISPOSITION TO Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)		BRUADN	ECK	or Atherpla	co.	8-2	6-91			A.CO.		wn, Sieta
CHARLES E. H	/	2 Yes	1	7					ME -19	22 F0	REST	21401 _{ANNA, M}
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. CARI	on each line.	ARK	1257	7					olratory sr	rest,	Approximate interval Between Onset and Dasth
Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONSEQUE):	AK	ec,	No	M	4			
PART II. Other significant condition	ne contributing to d	aath but not res	ulting i	n tha und	lariying	cause	given in	Part I.		N AUTOPSY ORMED? 2 NO	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF	DEATH (C	heck only	one)			
1 _ YES 2 _ NO 27. MANNER OF DEATH	1 Inpetient 2 I	NJURY	26b, TIM	4 🗆 Nurel		IRY AT	laaldenca		her (Specify) ESCRIBE HOW	INJURY OC	CURED	
1 Natural 6 Pending 2 Accident investigation 3 Suicide 6 Could not be	28a PLACE OF	INJURY — AI home		М	1 🗆 Y	ES 2	□ NO	261 11	OCATION (Stree	t and Numbe	e or Rural i	Proute Moreher
4 Homicide 6 Could not be determined	building, e	tc. (Specify)			,				ty or Town, Stat		O TIESTE	Toda Ivanion,
and.	BICIAN: To the best of n											a) and manner as stated.
296 STONATURE AND TITLE OF CERTIFIC	Hay	lou	M	M	>	29c. LIC	ENSE NI	MBER 3	33	29d. OAT	S I	(Month, Day Meer)
30 NAME AND ADDRESS OF PERSON W	1N Str	Sici	le	Print)	10	/	Auch	12/	olog	: K	10	2/40/
31. DATE FILED (Month, Day, Year)	32. REGISTRAR											

-11 -11 -...

. . .

1-1-1

111

was proposed to be a constant

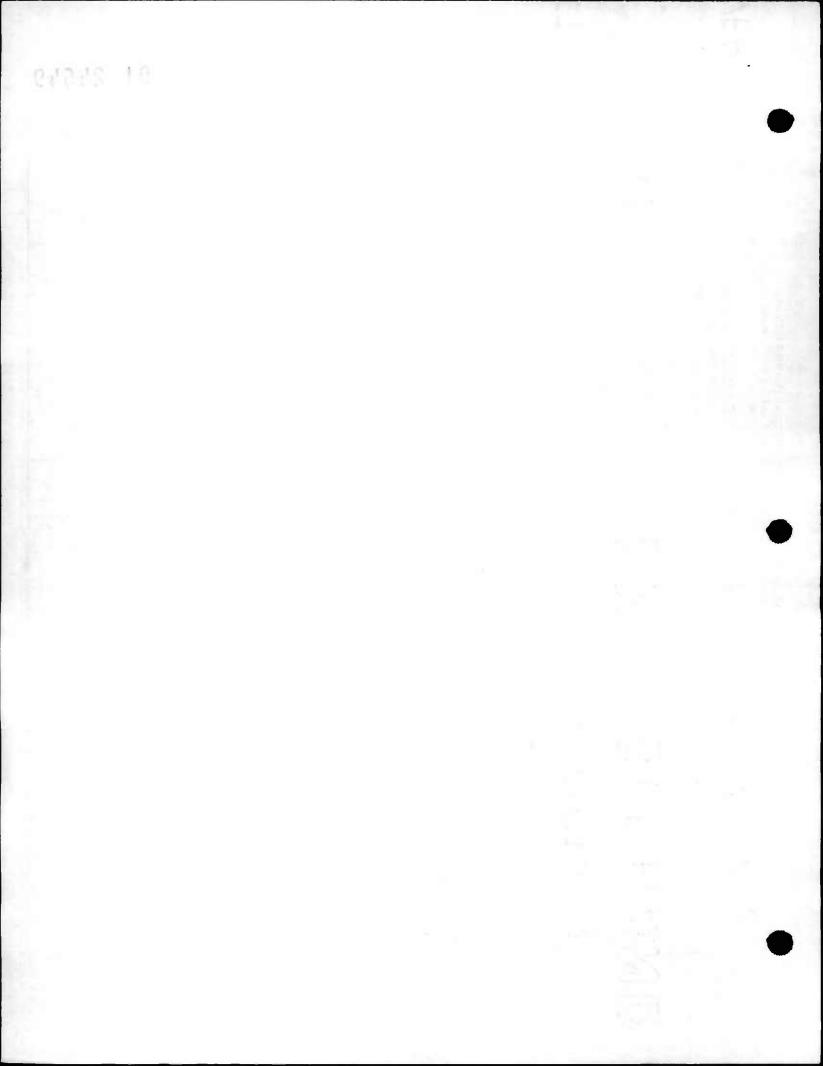
TO BE COMPLETED BY FUNERAL DIRECTOR

atte	Se	
10	for u	
Spit	hed	m2
e ho	letac	nce
Dy th	2	at
8	pino	ed
retai	S S	10E
De /	age	pe
Em 6	tor,	nst
306	direc	E
e.	era	E
deal	e fu	exa
after	y th	cal
SULS	In b	ned
24	filled on.	he
This last	errety	m, t
₩ pa	al. cr	8
ecut	burd burd	atic
De es	or to	aum
cate	e pri	or tr
ertif	ing p	\$
ath c	ttend Ial H	. 0
e de	the a	Ē
hat th	and and	my i
res t	igned	20
requi	of H	show
AR.	as b	23
E P	tate t	tem
CIAN	ertific	0
HASI	his c	Ked,
NG P	fter t	шач
END	R. A	
A	ECTC and	1 2
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a hard within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERA	1.
옷	EN P	MA
뿔	ます	0
2	21	3 ₹

10

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 STATE		STATE OF N							MENTAL	HYGIEN	E	91	2464
REGISTRAR				CERTIF	FICAT	E OF	DEAT	Н		REG. NO			
1. DECEDENT'S NAME (First,				0		N.CT			MONTH	OF DEATH	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB	dred	Beryl 6. sex	8 AGE (In un	. lest birthday	DDI	NG/	IF UNDER 2	1 NDC	7. DATE 0	E BIOTH	/	9 PIDTHE	PLACE (State or Foreign
218-50-04	74	1 🗆 M 2 📈 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	3 - 2	8 - 19	_	Mar	yland
98. FACILITY NAME (If not ins PENINSUL	A GENI		ITAL		96. CIT		OR LOCATION		EATH			COMI	
RESIDENCE OF DEC	EDENT 10b. COUNT	,		10c C	ITY, TOWN	OBLOCA	TION						10d. INSIDE CITY
Penna.		mberland Camp Hill							1		LIMITS? 1 YES 2 NO HAT COUNTRY?		
37 Creek	Rd.					10	1701	1			1 -	SA	HAI COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						If yes, s	CENDENT OF pecify Cuben,	HISPAN Mexica	in, Puerto R		s or No→	14, RACE Black, Specifi	American Indian, Whits, etc.
	EDENT'S EDU highest grade			(Give kind o	work done	during m	ION lost of working		16b.	KIND OF BU	SINESS/INC	DUSTRY	
12 th				Deli	Coo	k			Gı	rocer	. У		
17. FATHER'S NAME (First, Mi										liddle, Malden			
Grover C	Si	sler		405 444.0.00	10 10000	00	and Number of			Chide			
Lesa R.	,	9 9											, PA 170
20s. METHOD OF DISPOSITI	ON n 3 🗆 Rem		of ceme	ACE AND DA	TE OF DIS	POSITIOI	N (Name		DATE	20c, LC	CATION —	City or Tov	vn, State
4 Donation 5 Other 21. SIGNATURE OF FUNERAL		CENSEE	- I B I c	omin	g Ro	SE	Ceme 1	ter	y 8/	210 F	rien	dsvi	lle, MD
A. Le	man	news	raw			New	man F ntsvi	une	eral			P.A.	
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated eventaresulting in death) LAS	dons, diata	b. DUE TO	phê	NSEQUENCE HOGHIN NSEQUENCE	US 05: Uyp	E. 47	lippl. Ra	lo s	iati	po	ot		Interval Betwee
PART II. Other significa	nt condition	na contributing to	daath but r	not resulting	g in the u	ındariyli	ng cause gl	lven In	Part I.		RMED?	24b.	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					26, I	PLACE OF DE	ATH (C/	heck only on	е)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatie	mt 3 🗆 DOA	OTH	R:	me 5 🗆 Res			,			
27. MANNER OF OEATH	_	26s. DATE O		28b. T	IME OF	28c. IN	JURY AT	Nounce	_	CRIBE HOW	INJURY OC	CCURED	
	Pending Investigation	(MORRI),	Jay, reary		M		YES 2	NO					
3 Suicide 6 Could not be determined Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							loute Number,						
one)		ICIAN: To the best of) and menner as stated
29b. SIGNATURE AND TITLE	OF CERTIFIE	R	,				29c, LICE	NSE NU	MBER		29d. DA	TE SIGNED	(Monthy Day, Year)
Alellu 30. NAME AND ADDRESS OF	PERSON W	OXLILI 10 COMPLETED CAI	SE OF DEATH	MAD (TEM 27) (T	De Print		D	16	846)	•	8/1	7/9/
Helen	Ba	Idado	OF DEATH	547		Riv	rersid.	el	dr.	50	elist	sure	-, Md.
AUG 2 2	1991	93 RESISTA	Ars sidesty	dell								-0	



2	age (dirac
BALTIMO	leath. F	frinara
à	after o	oft v
	ours a	N CH
		fillad
Ĝ,	within	viatelon
1314	ecuted	and one
Š	te be e	Sician
מ	ertifica	no nh
7	eath c	attendi
Š	the o	N the
כב	se tha	I band
ñ	requir	nea Sir
7	e law	has by
7	W. T	ificate
Ī	YSIC!	c cert
0	3 PH	or thi
VISION OF VITAL RECORDS, P.O. BOX 13146,	HENTER ONG PHYSICIAN: The law requires that the death certificate be executed within a nurs after death. Page (mental that this certificate has been sinned by the attendion physician and completely filled in by the funeral disease.
5,	2	ģ

oval.	TO BE COMPLETED BY FUNERAL DIRECTOR
is the chath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLE

29b. SIGNATURE AND TITLE OF CERTIFIER

Kobert

31. DATE FILED (Month, Day, Year)
AUG 29 '91

									91	2465
1 - STATE REGISTRAR	STATE OF MA				OF HEALTH		IENTAL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)	Last 100						2. DATE OF DEATH MONTH DA	y	YEAR 3.	TIME OF DEATH
Evelyn May Cr	um						8 2		91	5 2 A M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER 1 Y	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
216-03-9123	1 □ M 2 🔀 F	74	YRS.	IONTHS D	AYS HOURS	MIH.	05-06-	17		yland
9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TO	OWN OR LOCAT	ION OF DEA	ATH	9c. COUN	TY OF DEAT	Н
Westminster Nu		nter		We	stmins	ster		Ca	rrol	1
10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR	LOCATION				10-	d. INSIDE CITY
Maryland Car	roll		We	stmi	nster				1/	YES 2 NO
10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CITIZ	EN OF WHA	T COUNTRY?
172 Liberty St	reet				21	157		Uni	ted S	States
11. MARITAL STATUS 1 Never Married 2 Married	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIOIN? (Specify Yes or No- 1f yes, specify Cuban, Maxican, Puario Rican, etc.)							or No-		American Indian, hita, atc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR				□ YES 2 🙀 NO	Specify:				ite
15. DECEDENT'S EDUC (Specify only highest grade	(ATION completed)	(G	CEDENT'S U	rk done duri	UPATION ing most of work	ing	16b, KIND OF BUS	INESS/INOU	ISTRY	
Elamentary/Secondary (0-12) College (1-4 or 5+) 7 College (1-4 or 5+) Seamstress Sewing Factory							ry			
17. FATHER'S NAME (First, Middle, Last)					16, MOT	HER'S NAM	E (First, Middle, Maiden	Surname)		_
Elmer	Yinglin				A.	lver	ta	Wa.	rehi	me
19e. INFORMANT'S NAME (Type/Print)							oute Number, City or Town			
Larry E. Crum		1	74 L	iber	ty St.	reet	, Westmi:	nste.	r, M	D 21157
20a. METHOD OF DISPOSITION 1 String Burlal 2 Cremation 3 Remo	wal from State	other pla	ace)		of cometery, cre		rdens Fi		City or Town,	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	LEVEL	gree.		ME AND ADDRE			IIKSD	urg,	110
· Stobut 9	8. Myes	_		My 91	ers F Will	uner is S	al Home treet, W	estm	inst	er, MD
23. PART I. Enter the diseases, or cahock, or heart failure.	omplications that c	aused the de	eth. Do no							Approximate
IMMEDIATE CAUSE (Finsi disease or condition		dine		Acre	+					Onset and Desth
resulting in death)		R AS A CONSE	-		-					-
		emi a								
Sequentially list conditions,	J					- /	/	. /	1	
If any, leading to immediate cause. Enter UNDERLYING	Ins	lin	Dene	note-	A 1	Inde	Ler Mie	11.1	45	j
CAUSE (Disease or Injury that initiated events	DUE TO (OF	AS A CONSE	OUENCE OF):							
resulting in death) LAST	. Ga17	hoint	estin	1-/	13	Leco	her Me			
PART II. Other aignificant condition	a contributing to de	eth but not r	esulting in	the unde	riving cause	given in F	Part I. 24a, WAS AN	ALITOPRY	245 WI	ERE AUTOPSY FINOINGS
Alzheine		ment	1.2		,	givon in .	PERFOR		All	AILABLE PRIOR TO
0	1. /.	pare riy					1 YES 2	NO		DEATH?
Divertical.	. 7.1						-		1 (YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF I	DEATH (Chec	ck only one)			
1 VES 2 NO	HOSPITAL: 1 Inpatient 2 El	R/Outpatient 3		OTHER:			Other (Specify)			
27. MANNER OF DEATH 1 Netural 6 Pending	28a. DATE OF IN. (Month, Day,	JURY Year)	26b. TIME INJUI	RY	le. INJURY AT WORK?		28d. DESCRIBE HOW IN	JURY OCC	URED	
2 Accident Investigation	26e. PLACE OF II	NJURY — At ho	me, farm, etc		1 YES 2	NO	28f. LOCATION (Street a	nd Number	or Quest David	Alumbar
4 Homicide detarmined	building, etc	(Specify)		- Ji, ractory	, Jines		City or Town, State)	ra Number (# PIUREI PIOUR	y Nulligor,
29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC ONE) 2 MEDICAL EXAMINE						, and due t	o the cause(s) and man	ner as state	id.	

249

32. RECIPTRAR'S SIGNATURE Fundame

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Main

29c. LICENSE NUMBER

032887

29d. DATE SIONED (Month, Days Year)

8/2 P/9/

P)*
Æ.
3
-
7
1
1
-
4
1
-
3
- 3
4
3
7
4
1
4
1
ś
-
5
3
1
Э

examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPILETED BY PHYSICIAN: MEDICAL CERTIFICATION
l examiner must be notified at once.	28 is marked, or item 23 shows any injury, or other traumatic event, the medic
ral,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
or death. Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL OH THE MAN PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1. DECEDENT'S NAME	/ /	1/4 011	Cam	ERTIF	/	E OF	DEA	Н	2. DATE O	REG. NO.		3. 1	TIME OF DEATH
4. SOCIAL SECURITY	NUMBER	NARY 5. SEX 1 □ M 2× F	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE C	Day, Year)	6.	Country)	CE (State or Foreign
219-44-6 9a. FACILITY NAME (A			82	ins.	Oh CITO	TOWN	OR LOCATI	ON OF BE		26/08	9c. COUNTY	Color	
	CENE	RAL H	OSPITA	AL			Tor		AIN .		HA	RF	BRD
PALL STOK RESIDENCE OF 100. STATE Marylan	10b. COUNT	rford			ry, town o				9				I. INSIDE CITY LIMITS? YES 2 NO
				1 12	UVIC		f. ZIP COD				10g, CITIZEN		
1906 Hib	oings Pl	ace					210	078			U.S.	Α	
11. MARITAL STATUS 1 Never Married								n, Puerto R	? (Specify Yea Ican, atc.)				
	OECEDENT'S EDU	JCATION	16a. I	DECEDENT'S	S USUAL O	CCUPATI	ON		16b.	KIND OF BUS	I SINESS/INDUST		<u>-e</u>
Elementary/Second 12 17, FATHER'S NAME (F	ify only highest grad	College (1-4 or 5 -	-)	(Give kind of life. Do NOT (Omema)	ise retired.)	during m	ost of worki	ng		In ho	me		
17, FATHER'S NAME (F	irst, Middle, Last)		110	31102102	101		16. MOT	HER'S NA	ME (First, M	liddle, Maiden			
	Hampton						Δr	mie	Walc	her			
104 INFORMANT'S N				19b. MAJLIN	G ADDRES	S (Street					n, State, Zip Co	de)	
John Cam	bell			1906	Hibb	ning	s Pla	ace.	Havr	e de (Frace	MD 2	21078
John Campbell 1906 Hibbings Place, Havre de Grace, MD 21078 20s. METHOD OF DISPOSITION 1) Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE AND DATE of DISPOSITION (Name of Competent Cremation Cremation of Competent Cremation of Competent Cremation of Competent Cremation Cremation Cremation Cremation Cremation Crematical Cremation Crematical Crema								Stata					
21, SIGNATURE OF FU	NERAL SERVICE LI	A.U.	mle.	sb	7	arr		Cargo			Home, I		
23. PART I, Enter	ha diseases, or	complications tha	t caused the	daath. Do	-								Approximata
IMMEDIATE CAUS disease or conditi	E (Final	. List only ona ceu	Cara		A	000	+						Interval Betwee Onset and Daa
resulting in daeth		a. DUE TO	(OR AS A CONS			7.63							
Sequentielly list of if any, leading to cause. Enter UND	mmediate	b	(OR AS A CONS	SEQUENCE (OF):								
Sequentielly list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated aver resulting in death	r Injury Is	DUE TO	(OR AS A CONS	SEQUENCE (OF):	1				-95			
PART II. Other sig	nificant condition	ons contributing to	death but no	t reaulting	In the u	ndariyir	ng ceuse	given in	Part I.	24a, WAS AN PERFOI		43.00	RE AUTOPSY FINDING
									9	1 TYES	2 ENO	OF	MPLETION OF CAUSE DEATH?
									1				
25. WAS CASE REFERENCE EXAMINER? 1 YES 2 27. MANNER OF DEAT		HOSPITAL:	ER/Outpatient	3 □ DOA	отне	PC.	11111		6 C Othe				
	N Pending	28a. DATE Of (Month, I		26b. TI		28c. IN	JURY AT ORK?				INJURY OCCUP	RED	
2 Accident 3 Suicide 4 Homicide	6 Could not be determined	26e. PLACE (OF INJURY — At atc. (Specify)	home, farm	, street, fa	l ctory, offi	ca		28f. LOC City	ATION (Street or Town, State	and Number or	Rural Rout	e Number,
3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2		SICIAN: To the best o											nd manner as stated.
29b. SIGNATURE AND				4				CENSE NU					onth, Day, Year)

21014.

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Bype, Print)

J. K. LYNCH MD. Beld. Md.

32 REGISTRAR'S SIGNATURE
Julia Davidson-Andelle

31. DATE AUG (Mg/II) Pag 997

BE (

2

9500

31. DATE FILED (Month, Day, Year)
SEP 0 3 91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANNAPOLIS

		FOR 1 - STATE REGISTRAR	STATE OF	MARYLA	ND / DEPA	RTMEN	IT OF H	IEALTH A	ND MEN	TAL HYGIEN		91	2465
		1. DECEDENT'S NAME (First, Middle, Last)			02.1111	IOAI	L OI	DLAIT		ATE OF DEATH			3. TIME OF DEATH
	1	WILSON	COC	NCEV	, Sr.				MC	ONTH D	AY	YEAR	S. TIME OF BEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (#	yrs. lest birthday) IF UND	ER 1 YEAR	IF UNDER 24		08 3	1	91	LACE (State or Foreign
	1	217-36-6616	1 🕅 M 2 🗆 F		81 YRS.	MONTH				fonth, Dev. Year)	,	Country)	
000-3		9e. FACILITY NAME (If not institution, give	street end number)		01	9b. CI	TY. TOWN (OR LOCATION	OF DEATH	7/15/10 Maryla			
	E C	PRINCE GEORGE"S					CHEVE		O. DEATH		96. COOK	PG	AIR .
SECTION AND ADDRESS OF THE PERSON AND ADDRES	DIRECTOR	RESIDENCE OF DECEDENT					CITLAT	-1/1			<u></u>	FG	
	#	100. STATE 10b. COUNT			10c. C	TY, TOWN	OR LOCAT	TION					10d. INSIDE CITY
permit.		Maryland Ch	arles		L	a Pl	Lata						LIMITS?
	FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITIZ		IAT COUNTRY?
-0020 ling physician. the burial-transit	E I	Star Rt. 5 Box	272A					2064	6		U.S	. A .	
020 physician. burial-trar	5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN	U.S. ARMED	- 13	. WAS DEC	ENDENT OF I	HISPANIC OR	IGIN? (Specify Yes		14. RACE -	- American Indian,
o ph	ВУ	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1	MAR OR DAT	ES NO		If yes, sp	ecify Cuben, I	Mexicen, Pue	rto Ricen, etc.)		Bleck,	White, etc.
215-0020 attending physic rse as the burial-								22	,			Whi	Lte
	TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		16a. DECEDENT'	work don	e durina mo	ON ast of working		16b. KIND OF BU	SINESS/IND	JSTRY	
ğ - 10	٣	Elementery/Secondary (0-12)	College (1-4 or 5	+)	lite. Do NOT	use retired.)						
AND the hospital detached for	COMPLET	9			Farme:	r				Farmi	ng		
MARYLAND retained by the hospit 5 should be detached notified at once.	8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	'S NAME (Fir	st, Middle, Meiden	Sumame)		
H by t	BE	Grafton Cookse	У					Mar	y Ev	a Elic	abet	h	
MAR retained 5 should notified	0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRE	SS (Street e	nd Number or	Rural Route N	lumber, City or Tow	n, State, Zip	Code)	
		Mary I. Cookse			Sta:	r Rt	5	Box 2	72A	LaPlat	a. M	D 20	646
TORE e 6 may ector, pa		20a. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Ren	oval from State	20b. I	PLACE AND DATE	OF OISPO	SITION /A/a	mont		475 00- 10	CATION		
Page 6 ma al director, p		4 Donation 5 Other (Specify)		_ Un	ited I	Meth	odi	st Ce	m. 9/	3/91 D	ents	vil]	Le. MD
ALTIN death. Pag funeral dir i. examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/_		22	. NAME AN	ID ADDRESS	OF FACILITY				,
BALT er death. the funera wal.		16 +	65-1	25	TO	_	ren	art F	uner	al Hom	e, Li	nc.	
		23. PART I. Enter the diseases or	complications the		4	Τ.	0.	Box 2	6/ L	aPlata	, MD	206	46
5 5 5		in											Approximate interval Between
y filled tion, o		IMMEDIATE CAUSE (Final disease or condition	Sol	11 1									Onset and Deat
760, ad within ompletely I, cremat event,	- 1	resulting in death)		Su									
			DUE NO	(OR AS A C	CONSEQUENCE	De l		la.					
OX 68 or be execute sician and corrior to burian traumatic	CATION	Sequentially list conditions,	b. 1017	no	Y	1	land	سم					
X c - E	A	If any, leading to immediate cause. Enter UNDERLYING	, DOE 10	(OR AS A C	SEQUENCE (OF):							
ficate be physicia ne prior	5	CAUSE (Disease or injury	c.	(OD 45 4 6	ONSEQUENCE (_							
ending I Hygie	Ē	that initiated events resulting in death) LAST	502 10	(ON AS A C	ONSECUENCE (PF J:							
death certificate attending physicate that Hygiene print, or other t	CERTIFI		d										
. 24 3	CAL	PART II. Other significant condition	a contributing to	death but	not resulting	in the u	nderlying	cause give	n in Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
Ta a da da	5	prevmin								PERFOR	MED?	A	VAILABLE PRIOR TO OMPLETION OF CAUSE
S dea si	MEDIC	CARDIDAMIA								1 TYES 2	□ NO		F DEATH?
- 0 0 0 d		ph1-1-+:(1	YES 2 NO
2 2 2 2	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					00 84						
- 무 용용 등	<u>β</u>	EXAMINER?	HOSPITAL:	1		OTHE	R:	ACE OF OEAT					
Sicial the the	PHYS	27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF					5 - Raeide	-				
ifter this ceath with marked,		1 Natural 5 Pending	(Month, Di	ey, Year)	28b. TIR	JURY	28c. INJU WOI	RK?		EŞCRIBE HOW IN	JURY OCCL	JRED	
After death	BY	2 Accident Investigation	20 PL 405 O			M		ES 2 N	0				
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St. 28 is marked, or it	8	3 Suicide 8 Could not be 4 Homicide date;mined	building,	etc. (Specify	At home, farm,	street, fed	ctory, office		281. Li	DCATION (Street eity or Town, State)	nd Number o	r Rural Rou	te Number,
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	<u>u</u>	No. OFFICER											
Z Z Z D	릴	290. CERTIFIER (Check only 1 CERTIFYING PHY)	N: To the best of	my knowled	ige, death occur	ed at the	time, date	end place, end	d due to the	cause(e) and men	ner ee atated	1.	
DSPITAL INERAL thin 72 I	OMP	MEDICAL EXAMPLE	On the basis of as	camination 4	ind/or investigation	on, In my	opinion, de	eth occured a	nt the time, de	ste and place, end	due to the	ceuse(e) e	nd menner ee stated.

LAMMAN MO

32. HEGISTRARIG SIGNATURE Andesse

29d. DATE SIGNED (Month, Day, Year)

8-31-91

Rich Ams]

29c. LICENSE NUMBER 32261

		mit. Pages 1, 2, 3 mond	A CONTRACTOR
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit per	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 ments hours after death with the State Deor, of Health and Mental Avriene prior to hurial cremation or removal	Home 30 is marked as the 20 about the fact that the state of the state

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEA	ALTH AND N	MENTAL HYGIENE REG. NO.	9	1 24653		
2	1. OECEDENT'S NAME (First, Middle, Last)	100	J. CO	NLON	NON	2. DATE OF DEATH MONTH DAY	5 -Q'E	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 579-20-2565 9a. FACILITY NAME (If not institution, give s	X□ M 2 □ F 6	66 YRS.			NOV. 12, 19	924 P	EIRTHPLACE (State or Foreign Country) ENNSYLVANIA		
DIRECTOR	10428 INWOOD	AVENUE			SPRING		MONT	OF DEATH CGOMERY		
		Y NTGOMERY		TOWN OR LOCATION	PRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10428 INWOOD	AVENUE			20902		US	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 1 NO	If yes, specify	DENT OF HISPANI Ny Cuben, Mexican NO Specify:	iC ORIGIN? (Specify Yes on, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: WHITE		
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	Itte. Do NOT use I	ork done during most of retired.)		16b. KIND OF BUSIN				
	17. FATHER'S NAME (First, Middle, Last) MICHAEL J.	5+ CONLON	ECONOMIST		8. MOTHER'S NAM	CHRYSLER AE (First, Middle, Maiden Su	mame)	•		
TO BE	19a. INFORMANT'S NAME (Type/Print) ANNE M. PREBILIC	(SISTER)	196. MAILING AT	DORESS (Street and A	MAY Number or Rural Rc RT GAT	EVAN Outle Number, City or Town, a THERSBURG,	State, Zip Code	(e) ANTD 20882		
	20a. METHOD OF DISPOSITION 1	20b	b. PLACE AND DATE OF	DISPOSITION (Name o	of	OATE 20c. LOCA	TION — City	or Town, State VIRGINIA		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Synl		FRANCISA 500 UNIV	VERSITY	LINS FUNERA BLVD., W.,	SIL.	E, INC. SP., MD 2090		
CERTIFICATION	23. PART I. Enter the disessea, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, abook, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CER	3608	the Ca		~~~	of	PERFORME 1 YES 2	D?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 See 2 NO	HOSPITAL:		28. PLACE OTHER: Nursing Home 5	OF DEATH (Chec	and the same of th				
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJURY WORK?	AT :	26d. DESCRIBE HOW INJU	JRY OCCURE	0		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowler: R: On the bests of examination	edge, death occurred a n and/or investigation, i	In my opinion, death	occured at the tir	me, date and placa, and d	r as stated, lus to the cau	ise(a) and manner ea stated.		
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATH STEM 27) (Ame So	0	C DICENSE NUMBER	35 CC 21	M. DATE SIGN	NED (Month, Day, Year)		
	Ophn	Taube	2 8	3218	Casc	5000	the	· Bro als		
	31. DATE FILED (Month, Day, Year) AUG 2 / '91	92. REGISTRAR'S SIGNA	gandell							

Lust to The Local

to memoral white

con to least had

The state of the

1	- STATE
	1. DECEDENT
ŀ	
ı	4. SOCIAL S
l	038-2
ſ	9a, FACILITY
ı	NA
Ľ	RESIDEN
ı	10a. STATE
	FLORI
Γ	10e. STREET
L	132
ľ	11. MARITAL
ı	1 Never N
	3 Widow
~	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKIIF	ICALE	UF	DEAL	П	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	MARIE C	UAMPEDO						2. DATE OF DI	DAY		YEAR	TIME OF DEATN		
									AUG				11:30 M		
3	4. SOCIAL SECURITY NUMBER 038-20-9291	5. SEX	6. AGE (In yrs. la	st birthday) YRS.	MONTHS	DAYS	HOURS	4 HRS.	7. DATE OF BI (Month, Day, DEC 1	Year)		Country)	CE (State or Foreign E ISLAND		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATION	N OF DE		1	9c. COUNT				
اچ	NATIONAL NAVAI	MEDICAL	CENTER			-	THESI								
	RESIDENCE OF DECEDENT	LEDIONE	OLIVILLIK			DI	THEST	UM			M	ONTGO	TEKI		
Ĕ	10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWN OF	R LOCAT	ION					100	I. INSIDE CITY		
DIRECTOR		NROE			KEY	-							YES 2 NO		
A	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITIZ	EN OF WHAT	COUNTRY?		
FUNERAL	1321 20th STREE	T					3	3304	0		UNI	ITED S	STATES		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED					IC ORIGIN? (Sp.		or No-	14. RACE —	American Indian,		
à l	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	MR OR DATES X				2 X NO			atto.j		Specify:	WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON :		16b, KIND	OF BUSI	INESS/INDU	JSTRY			
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5	- 66	a Do NOT u	ise retired.)	ыну то	or working								
릴	10	- •				BAR	MAID			M	OOSE	LODGE			
Į į	17. FATNER'S NAME (First, Middle, Last)						16. MOTNE	ER'S NAM	ME (First, Middle,	, Maiden S	Surname)				
	ANTONIO AM	IARAL						EM	ILY	FAG	UNDA				
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number o	or Rural A	oute Number, Cl			Code)			
임	ROBERT B. CHAMBER	RS							WEST,						
	20a. METNOD OF DISPOSITION 1 □ Burlel 2 \(\tilde{\Omega} \) Cremation 3 □ Rem 4 □ Donation S □ Other (Specify)	oval from State	20b. PLAC	E AND DAT	e of dispose	SITION	(Name		DATE 24/91		ATION C	Hty or Town,	State MD .		
	21. SIGNATURE OF FUNERAL SERVICE LIE	ender .	- CIL	HIVLDE	_		D ADDRESS	-1			LTAE	KUALE	, MD.		
	12/1/ CA	anles	M M	00091						NC	SILV	ER SE	20910 PRING, MD.		
- 4	23. PART I. Enter the diseases, or	complications the	t ceused tha d	aeth. Do									Approximate		
	shock, or hasrt failure.	List only one car	use on each lin	е.									Interval Batween Onset and Desth		
	IMMEDIATE CAUSE (Finel disease or condition	MET	ASTATIC	RDEA	ST C	ADCT	NOMA						J.100, 2.10 Deeth		
	resulting in death)	0	(OR AS A CONSE			JI/O1	MUCIA								
_	100 - 130 - 13 - 10 - 10 - 10 - 10 - 10	h													
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	DUE TO	(OR AS A CONSE	OUENCE C	OF):							-			
8	cause. Enter UNDERLYING CAUSE (Disesse or Injury	C													
E	that initiated events	DUE TO	(OR AS A CONSE	OUENCE C	OF):										
	resulting in death) LAST	d					_		1.5						
	PART II. Other algnificant condition	ns contribution to	death hat not	requities	in the	dorlule	n ceues el	lvan In	Part I ar	WAS AN	ALITYNDOV	245 400	RE AUTOPSY FINDINGS		
EDICAL	Total in Street alguments condition	- contributing (c	Geath Dat HOL	resuring	HI UN UN	Gerlyin	a cansa 81	A011 111	rdft f. 248.	PERFOR		AW	VILABLE PRIOR TO		
K							_		1	YES 2	₩ но		MPLETION OF CAUSE DEATH?		
ME									_			1 [YES 2 NO		
ż															
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	eck only one)	COX					
Sic	1 TES 2 X NO	1X Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	4 Nurs		e 5 🗆 Res	sidence	6 Other (Spe	ecity)					
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE Of	F INJURY Day, Year)	26b. TII	ME OF	28c. INJ	URY AT		26d. DESCRIE	E NOW IN	URY OCC	URED			
ВУ Р	1 Natural 5 Pending	(muniti, t	ruy, reer/	16	M		YES 2	NO	118						
	2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY — At I	ome, farm,	street, facto	ory, offic			261. LOCATION	N (Street a	nd Number	or Rural Route	e Number,		
COMPLETED	4 Homicide determined	building	, atc. (Specify)						City or Tox	wn, State)					
E	29a, CERTIFIER 1 X CERTIFYING PAYS	CIAN: To the best	f my knowledge	lanth a	mad at at	lma -4-2		and a	to the as it is						
MP	(Check only one) 1 A CERTIFYING PNYS 2 MEDICAL EXAMIN												od manner en et-te-d		
8				· ·····································	nort, mi my O	риноп, с				piace, and					
ш	296. SIGNATURE AND TITLE OF CERTIFIE	7	111	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							onth, Day, Year)				
TO B	duerda	-101	elbor	ne 1	///	(2	SKY	ac 91		
F	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAL	ISE OF DEATN (IT	EM 27) (Typ	e, Print)	N/	TIONA	AL N	IAVAL M	EDIC	AL CH	ENTER			
	E. J. BALBONA. LT					BE	THESI	DA,	MD 208	89-5	000		,		
	31. DATE FILED (Month, Day, Year)	32. AEGISTR	ATS SIGNATURE	andel	2										
(3)	AUG 26'91	1	A CONTRACTOR AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADD												

- 7	ъ.	- 20	
BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, s of Health and Mental Hygiene prior to burial, cremation, or removal.	
_	5	in b	
	10	P 6	
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 24	een signed by the attending physician and completely filled in by the fi of Health and Mental Hyglene prior to burial, cremation, or removal.	

THE STATE OF DEATH OF THE ANALY PARK of the states and analysis of the states of analysis of the states of analysis of the states of analysis of the states of analysis of the states of analysis of the states of analysis of the states of analysis of the states of analysis of the states of the sta	285-05-6382 ***EXELITY MANEE or statistics, you stored and amondary ***MONTES ONLY MANEE or statistics, you stored and amondary ***MONTES ONLY MANEE or statistics, you stored and amondary ***MONTES ONLY General Hospital ***Only Only Only Only Only Only Only Only		Aloysius E.	Coan							Aloysius E. Coan Aloysius E. Coan South 20 19 1 9:57 a A social security number S. Sex S. Sex S. AGE (In yrs. lest birthday) F under 1 Year F under 24 HRS. 7. Date of Birth 8. Birthplace (State or Form										
MONTGOMERY General Hospital Olney Montgomery Montgomery Montgomer	MONTE OMER Y GENERAL HOSPITAL MONTE OMER Y Sec. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MARKS COMETY SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE OF SEC. COMETY MARY LANG MONTE		285-05-6382	<u>MX</u> M 2 □ F	20031112	1111	MONTHS	DAYS	HOURS	MIN. JI	Month, Day, Year)	915	Country)	ylvania							
Maryland Montgomery Rockville Maryland Montgomery Rockville 101. ZP CODE 102. Will a Country 102. Will a Country 103. Will a Country 103. Will a Country 103. Will a Country 104. STREET AND NUMBER 105. Will a Country 105. STREET AND NUMBER 105. Will a Country 105. STREET AND NUMBER 105. Will a Country 105. STREET AND NUMBER 105. Will a Country 105. Will a Country 105. STREET AND NUMBER 105. Will a Country 105. STREET AND NUMBER 105. WILL a Country 105. STREET AND NUMBER 105. WILL a Country 105. STREET AND NUMBER 105. WILL a Country 105. STREET AND NUMBER 105. WILL a Country 105. STREET AND NUMBER 105. STRE	STREET AND NUMBERS 30 7 CAT1 Street 11 MANTAL STRUE 30 7 CAT1 Street 12 WAS DECEDENT EVEN BY U.S. ANNEED 13 WAS DECEDENT OF HERMAN CONNETTY 13 WAS DECEDENT OF HERMAN CONNETTY 14 MANTAL STRUE 15 MEDICENT STRUE AND NUMBERS 30 7 CAT1 Street 16 MANTAL STRUE 17 WAS DECEDENT OF HERMAN CONNETTY 18 MANTAL STRUE 19 MANTAL STRUE 10 MAN DECEDENT OF HERMAN CONNETTY 10 WAS DECEDENT OF HERMAN CONNETTY 11 WAS DECEDENT OF HERMAN CONNETTY 11 WAS DECEDENT OF HERMAN CONNETTY White 15 MANTAL STRUE 16 MANTAL STRUE 17 MANTAL STRUE 18 MANTAL STRUE 18 MANTAL STRUE 19 MANTAL STRUE 19 MANTAL STRUE 10 MANTAL STRUE 10 MANTAL STRUE 10 MANTAL STRUE 10 MANTAL STRUE 10 MANTAL STRUE 11 WAS DECEDENT OF HERMAN CONNETTY WHITE 11 WAS DECEDENT OF HERMAN CONNETTY WHITE 10 MANTAL STRUE 11 WAS DECEDENT OF HERMAN CONNETTY WHITE 10 MANTAL STRUE 10 MANTAL STRUE 10 MANTAL STRUE 10 MANTAL STRUE 11 WAS DECEDENT OF HERMAN CONNETTY WHITE 11 WAS DECEDENT OF HERMAN SERVICE WHITE 12 MANTAL STRUE 13 MANTAL STRUE 14 MANTAL STRUE 15 MANTAL STRUE 16 MANTAL STRUE 17 MANTAL STRUE 18 MANTAL STRUE 18 MANTAL STRUE 19 MANTAL STRUE 19 MANTAL STRUE 10 M	5	Montgomery Ge		pital	L (9b. CITY			N OF DEATH											
13.07 Carl Street 20851 United States United States 13.08 DECEDENT FIVEN NULL ANNED 13.08 DECEDENT FIVEN NULL ANNED 13.08 DECEDENT FIVEN NULL ANNED 13.08 DECEDENT STUDIOR NULL ANNED 14.08 DECEDENT STUDIOR NULL ANNE 15.08 DECEDENT STUDIATION 15.08 DECEDENT STUD	30.7 Carl Street 1. MARTIA STATUS 1. MARTIA ST	DIRE	10a. STATE 10b. COUNTY											LIMITS?							
Specific Content of the Content of	The state of process of the process of the state of the s	VERAL	307 Carl Street					10		20851											
TO TO BATTHOLOME COAN 150. MFORMANTS NAME (Type/Print) 150. MAILING ADDRESS (Street and Number or Parell Packs (City or Nown, Stein, Zip Code) 150. MFORMANTS NAME (Type/Print) 150. MAILING ADDRESS (Street and Number or Parell Packs (City or Nown, Stein, Zip Code) 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION (Name 8/24/9 pare 30c. LOCATION - City or Town, Stete of Commentary, community) or University of Disposition (Name 8/24/9 pare 30c. LOCATION - City or Town, Stete of Comments of Control Packers) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 150. PLACE AND DATE OF DISPOSITION (Name 8/24/9 pare 30c. LOCATION - City or Town, Stete of Comments of Control Packers) 22. NAME AND ADDRESS OF PROLUTY 23. PART I. Enter the disposes, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, indereval Bett Onset and D dispose or conditions 150. DUE TO (OR AS A CONSEQUENCE OF): 250. DUE TO (OR AS A CONSEQUENCE OF): 261. DUE TO (OR AS A CONSEQUENCE OF): 262. WAS CASE REFERRED TO MEDICAL EXAMINERY 150. THE PACKER OF DEATH (Check only one) 275. MANNER OF DEATH 265. PLACE OF DEATH (Check only one) 276. THANKER OF DEATH 276. PLACE OF DEATH (Check only one) 277. MANNER OF DEATH 278. PLACE OF DEATH (Check only one) 278. MANNER OF DEATH 279. PLACE OF DEATH (Check only one) 279. MANNER OF DEATH 270. PLACE AND DATE OF DEATH (Check only one) 270. MANNER OF DEATH 270. PLACE AND DATE of DISPOSITION (Name 8/24/9 pare 30c. DESCRIBE HOW INJURY OCCURRED 270. MANNER OF DEATH 270. PLACE AND DATE of DISPOSITION (Name 8/24/9 pare 30c. DESCRIBE HOW INJURY OCCURRED 270. MANNER OF DEATH 270. PLACE AND DATE of DISPOSITION (Name 8/24/9 pare 30c. DESCRIBE HOW INJURY OCCURRED 271. MANNER OF DEATH 272. MANNER OF DEATH 273. PLACE OF DEATH (C	JOIN Battholomew Coan Some Norman's Name (Properhies) 18b. MAILING ADDRESS (Street and Number or Puter Root Number, City or Town, State, 2g Code) Some Norman's Name (Properhies) 18b. MAILING ADDRESS (Street and Number or Puter Root Number, City or Town, State, 2g Code) Some Norman's Name (Properhies) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street And Normal) 18b. MAILING A	à	1 Never Married 2 KMarried	FORCES? 1 🔀	YES 2 N	MED O	If yes, specify Cuban, Mexican, Puerto Rican, etc.)						Black, V	Vhits, etc.							
TO TO BATTHOLOME COAN 150. MFORMANTS NAME (Type/Print) 150. MAILING ADDRESS (Street and Number or Parell Packs (City or Nown, Stein, Zip Code) 150. MFORMANTS NAME (Type/Print) 150. MAILING ADDRESS (Street and Number or Parell Packs (City or Nown, Stein, Zip Code) 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION 150. METHOD OF DISPOSITION (Name 8/24/9 pare 30c. LOCATION - City or Town, Stete of Commentary, community) or University of Disposition (Name 8/24/9 pare 30c. LOCATION - City or Town, Stete of Comments of Control Packers) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 150. PLACE AND DATE OF DISPOSITION (Name 8/24/9 pare 30c. LOCATION - City or Town, Stete of Comments of Control Packers) 22. NAME AND ADDRESS OF PROLUTY 23. PART I. Enter the disposes, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, indereval Bett Onset and D dispose or conditions 150. DUE TO (OR AS A CONSEQUENCE OF): 250. DUE TO (OR AS A CONSEQUENCE OF): 261. DUE TO (OR AS A CONSEQUENCE OF): 262. WAS CASE REFERRED TO MEDICAL EXAMINERY 150. THE PACKER OF DEATH (Check only one) 275. MANNER OF DEATH 265. PLACE OF DEATH (Check only one) 276. THANKER OF DEATH 276. PLACE OF DEATH (Check only one) 277. MANNER OF DEATH 278. PLACE OF DEATH (Check only one) 278. MANNER OF DEATH 279. PLACE OF DEATH (Check only one) 279. MANNER OF DEATH 270. PLACE AND DATE OF DEATH (Check only one) 270. MANNER OF DEATH 270. PLACE AND DATE of DISPOSITION (Name 8/24/9 pare 30c. DESCRIBE HOW INJURY OCCURRED 270. MANNER OF DEATH 270. PLACE AND DATE of DISPOSITION (Name 8/24/9 pare 30c. DESCRIBE HOW INJURY OCCURRED 270. MANNER OF DEATH 270. PLACE AND DATE of DISPOSITION (Name 8/24/9 pare 30c. DESCRIBE HOW INJURY OCCURRED 271. MANNER OF DEATH 272. MANNER OF DEATH 273. PLACE OF DEATH (C	JOIN Battholomew Coan Some Norman's Name (Properhies) 18b. MAILING ADDRESS (Street and Number or Puter Root Number, City or Town, State, 2g Code) Some Norman's Name (Properhies) 18b. MAILING ADDRESS (Street and Number or Puter Root Number, City or Town, State, 2g Code) Some Norman's Name (Properhies) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street and Number or Puter Root Normal) 18b. MAILING ADDRESS (Street And Normal) 18b. MAILING A	IPLETED	(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)																
Time Mailung Address (stress and Number or Paral Route Number, City or Town, State, Zip Code)	Included in the conditions Security Se	John Bartholomew Coan Catherine Herron																			
Consider Second Consider Second Consider Co	23. PART I. Enter the displaces, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heart failure. List only one cause on each line. 23. PART I. Enter the displaces, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heart failure. List only one cause on each line. 24. PART I. Enter the displaces, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heart failure. List only one cause on each line. 25. PART I. Enter the displaces, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying, such as cerdiec or respiratory arrest, and one to determine the mode of dying and manner as attended to the causele) and manner as attended to the causele) and manner as attended the mode of the causeley and manner as attended to the causeley and manner as attended to the causeley and manner as attended to the causeley and manner as attended to the causeley and manner as attended to the causeley and manner as attended the mode of the mode of the causeley and manner as attended to the causeley and manner as attended to the mode of the mode of the causeley and manner as attended to the mode of the mode of the cau	Irene C. Coan 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yourn, State, Zip Code) 307 Carl Street, Rockville, Maryland 20851												351							
ROCKVIILE, Maryland 20850-2805 23. PART I. Enter the displaces, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	23. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS CASE REFERRED TO MEDICAL EXAMINER? On the Death (Impation) DUE TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINER? On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 26. CONTRIENT OF CAUSE (Discover or Person WHO COMPLETED CAUSE (Organ, Point)) 27. MANNER AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Time ATT) (Time, Print)) 28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Time, dates and place, and due to the cause(s) and manner as stated. 29. SIGNATURE AND DITTLE OF CERTIFIER 29. SIGNATURE AND DITTLE OF CERTIFIER 29. SIGNATURE AND DITTLE OF CERTIFIER 29. SIGNATURE AND DITTLE OF CERTIFIER 29. SIGNATURE AND DITTLE OF CERTIFIER 29. SIGNATURE AND DITTLE OF CERTIFIER 29. SIGNATURE AND DITTLE OF CERTIFIER 29. LICENSE NUMBER 29. SIGNATURE AND DITTLE OF CERTIFIER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20. LICENSE NUMBER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20. LICENSE NUMBER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20. SIGNATURE AND DITTLE OF CERTIFIER 20. LICENSE NUMBER 20.		4 Donation 5 to Other (Specify) Entombment Gate of Heaven Mausoleum Silver Spring, Maryl																		
23. PART I. Enter the displaces, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 246. WAS ANALTIDESY FIND ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? DUE TO (OR AS A CONSEQUENCE OF): 257. WAS CASE REFERRED TO MEDICAL CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 258. WAS CASE REFERRED TO MEDICAL CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE	23. PART I. Enter the displaces, or complications that caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arrest, all only one cause on asch line. MMEDIATE CAUSE (Fine)		Rockville, Maryland 20850-2805																		
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2X NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 POPULATE 2 PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 POPULATE 2 PROPERTY 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2X NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inpstient 2 ER/Outpatient 3 © DOA 27. MANNER OF DEATH 1 Patural 5 Pending Investigation 3 Under Investigation Building, etc. (Specify) 28a. DATE OF INJURY (Month, Dey, Year) 29b. Slickle 8 Could not be determined 29c. CERTIFIER Chock only One) 29c. CERTIFIER Chock only One) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	TIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):																		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO THER: 1 Inpatient 2 ER/Outpatient 3 (\$\) DOA TIME OF 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. Manner OF DEATH (Check only one) 22. MANNER OF DEATH (Check only one) 23. PLACE OF INJURY (Month, Dey, Vear) 24. Nursing Home 5 Rasidence 8 Other (Specify) 25. PLACE OF INJURY (Month, Dey, Vear) 26. DIA OF ONE OF INJURY AT WORK? 1 YES 2 NO 26. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify) 26. PLACE OF INJURY - At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, Steet)	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpstinet 2 ER/Outpatient 3 & DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT WORK? M 1 YES 2 NO 28. DATE OF INJURY AT WORK? M 1 YES 2 NO 28. LOCATION (Street and Number or Rural Route Number, City or Town, Street) 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. LICENTIFUR — At home farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY — At home, farm, street, factory, office 28. LICENTER NUMBER 29. LICENTER NUMBER 29. DATE OF INJURY — At home, farm, street, factory, office 29. STREET — ACCIONATION (Street and Number or Rural Route Number, City or Town, State) 29. STREET — ACCIONATION (Street and Number or Rural Route Number, City or Town, State) 29. STREET — ACCIONATION (STREET — ACCIONATION (STREET — ACCIONATION (STREET — ACCION NUMBER) 29. STREET — ACCIONATION (STREET — ACCIONATION (STREE	5	PART II. Other algnificant condition	a contributing to dea	ith but not n	esulting	in the u	nderiyin	ig cause g	iven in Pari	PERFO	RMED?	A	VAILABLE PRIOR TO							
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 28a. DATE OF INJURY 28b. TIME OF INJURY WORK? M 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED 28d. DEŞCRIBE HOW INJURY OCCURED 28d. DEŞCRIBE HOW INJURY OCCURED 28d. DEŞCRIBE HOW INJURY OCCURED 28d. DEŞCRIBE HOW INJURY OCCURED 28d. DEŞCRIBE HOW INJURY OCCURED 28d. DEŞCRIBE HOW INJURY OCCURED	27. MANNER OF DEATH Natural 5										. I T YES	2 <u>)</u> NO									
1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined Investigation 2 See. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29s. CERTIFIER 1 CRETIFIER (Check only one) 2 NEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	SICIA	EXAMINER?		/Outpatient 3	© DOA		R:													
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29e. CERTIFIER (Check only one) 2 NEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	<u>ا</u> ک	1 Natural 5 Pending			JURY	W	DRK?	100	d. DEŞCRIBE HOW	BE HOW INJURY OCCURED										
	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Morth, Dey, Year) 297. LICENSE NUMBER 298. DATE SIGNED (Morth, Dey, Year) 298. DATE SIGNED (Morth, Dey, Year) 299. DATE SIGNED (Morth, Dey, Year)	0	- Coold not be	28e. PLACE OF IN building, etc.	JURY — At hor (Specify)	me, farm,	street, fac	lory, offi	08	281			r Rurel Rou	te Number,							
	The state of the s	B	3h 0	ساهسان			y		29c. LICE	NSE NUMBER	46	29d. DATE	SIGNED (A	forth, Day, Year)							
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 8 "- 20 " 9 (F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	OF DEATH (ITE)			8	w	12	005811	NI	Ave	regar							

4	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	_	REGISTRAN			OLITIII	IOAII	_ 01	DLAI		ned. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH	
		JOHN HOWARD CHAN	DLER						I.	AUGUST 21	. 1991		
-	- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra	. last birthday)	IF UNDE	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	8. 6	BIRTHPLACE (State or Foreign	
Allho	-	352-01-3215	1 🔀 M 2 🗆 F		71 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) December 3	1919	Country) Illinois	
(# (# (# (# (# (# (# (# (# (#		9a. FACILITY NAME (If not institution, give st			/ 1	Ab CIT	. TOWAL	OR LOCATIO	OF DEATH				
(ACCES)	~								DIN OF DEA	in .			
N	0	NIH, THE CLINICA	AL CENTER			BE	THES	DA,		3	MONT	GOMERY	
	ᄗ	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			I soo CIT	Y, TOWN	OR LOCA	TION				10d. INSIDE CITY	
906	DIRECTOR								ILLS			LIMITS?	
ji.	. 1	MICHIGAN			В	LOOM					_	1 YES 2 X NO	
permit. Pages 1,	Z I	10e. STREET AND NUMBER					10	f. ZIP CODE	E.		10g. CITIZEN	OF WHAT COUNTRY?	
n. Insit	<u> </u>	2605 BRIDLE ROAD						4830	4		USA		
3-3146 ending physician. as the burial-transit	FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RA							RACE — American Indian,		
Phys buri		1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W				If yes, sp	ecify Cuba	n, Mexicen, Specify:	Puerto Ricen, etc.)		Bleck, White, atc. Specify:	
E gig at	B	3 Widowed 4 Divorced	World Wa					7				WHITE	
21203-3146 tal or attending physician. for use as the burial-tran		15. DECEDENT'S EDUC		16a	. DECEDENT'S	USUAL C	CCUPATI	ON		16b. KIND OF BUS	SINESS/INDUST	RY	
7 8 5		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	$\overline{}$	(Give kind of life. Do NOT u	work done se retired.)	aunng me	ost or workin	g				
	7	12			ranch	Mana	lager Insurance Company					anv	
AND 2: the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, Last)						I se MOTE	HED'S NAM	E (First, Middle, Meiden			
LAI by the be de		John Thomas Chan	dler							Ziervogel	Surname)		
KYL Ed by	8												
MARYLAND e retained by the hospi s should be detached notified at once.	2	19a. INFORMANT'S NAME (Type/Print)								oute Number, City or Tow		10001	
A 8 40 1	-	MRS. CECELIA M. (CHANDLER							OOMFIELD	Hills,	Michigan	
BALTIMORE, I sr death. Page 6 may be the funeral director, page ral.		20s METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Reme	auml from State	20b. PL	ACE OF DISPO er place) RES y Sepu	SITION (N	ame of ce	metery, gren	natory or	DV 20c. LO	CATION — City	or Town, State	
ORE e 6 ma ector, p		4 Donetion 5 Other (Specify)	SVEI ITOM STREET	Holy	Sepu	lehr	e Co	mete	cy.	Chi	cago,	Illinois	
Page al direc		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A		-	22.	NAME A	ND ADDRES	SS OF FAC	WTY Robert	A. Pum	phrey Funeral	
ALTIM death. Pag e funeral di e.		* \W \ -	7.1	M006	.89	Ho	ome/I	Bethe	sda-	Chevy Chas	se, Inc	. 7557	
0 = 0		May	when									ryland 20814	
E PE S		23. PAFU I. Enter the diseases, or o	omplications that	ceused the	deeth. Do	not ente	r the mo	ode of dyl	ing, auch	es cerdisc or reap	retory arrest,	Approximate	
D O E		shock or heart failure.	List only one ceu	se on each	line.							Interval Between Onset end Deeth	
filled tion, or		IMMEDIATE CAUSE (Final disease or condition		Seps	(i <								
46, ompletely fille cremation, event, the		resulting in deeth)	e		NSEQUENCE O	F).							
4 8 9 - 0					itatic		105	tate				i i	
at part a	CERTIFICATION	Sequentially list conditions,	u		NSEQUENCE O		0037	TOUTE		mcer			
	Ě	If sny, leading to immediate cause. Enter UNDERLYING	502 10	UH AS A CUI	NSECUENCE C	H=):						į į	
BOX ficate be physician ne prior t	2	CAUSE (Disease or Injury	c			_							
O. BO. certificate ording physical Hygiene pri	# 1	that initiated events	DUE TO	OR AS A CO	NSEQUENCE O	IF):						i	
V. # 8 - 6	H	resulting in deeth) LAST	d			_							
		PART II. Other significent condition	e contribution to	double but a	net resculting	In the co			alessa la F	lend I are una av	ALITODON	24b. WERE AUTOPSY FINDINGS	
D 1 2 2 2	MEDICAL	PART II. Other eignineerit condition	e continuating to	death but i	or resulting	in the u	nueriyin	ig ceuse (given in F	Part I. 24a, WAS AN PERFO		AMILABLE PRIOR TO	
COR uires tha signed 1 Health a	음									1 YES 2	NO 🗆	COMPLETION OF CAUSE OF DEATH?	
AECO requires 1 een signe of Health	副											1 YES 2 NO	
St. of												-0.5	
IL F has b Dept.	₹	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Chec	ck only one)			
'ITAI N: The ficate h State C	S	EXAMINER? 1 TYES 2 Y NO	HOSPITAL:	ED/Outerales		OTHE	R:						
S cla	PHYSICIAN:	27. MANNER OF DEATH	1 Inpetient 2 28e. DATE OF		28b. TII					Other (Specify)	N. II IIIV. 0.0010	50	
HYS with with	효	1 Natural 5 Pending	(Month, Di			JURY	W	JURY AT ORK?		28d. DEŞCRIBE HOW	INJURY OCCUR	EO	
ON OF DING PHYSI After this c death with s marked,	B	2 Accident Investigation				м	1 🗆	YES 2	NO				
NDIN NDIN	<u> </u>	3 Suicide 8 Could not be	28e. PLACE Of building,	etc. (Specify)	At home, farm,	street, fe					LOCATION (Street and Number or Rural Route Number, City or Town, State)		
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	2	4 Homicide determined											
DIV OR A DIREC hours	COMPLET	29e. CERTIFIER LE CERTIFYING PHYSI	CIAN: To the best of	my irnowledo.	e death occur	red at the	time det	e and place	and due !	o the cause(s) and ma	nnar na stated		
I SE SE	2	(Orlect Only										euse(e) end menner ee stated.	
HOSPITAL FUNERAL Within 72 ITANT: IT	8			COMMISSION GIVE	wor investigati	911, 111, 111y	ориноп,	OFFICE OCCU	ou at the t	ine, date and place, et	ad ode to the ce	des(e) still theirier se stated.	
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 IMPORTANT: It	H	29b. SIGNATURE AND TITLE OF CERTIFIE	0 0	20	4.4			29c. LICI	ENSE NUM			GNED (Month, Day, Year)	
TO THE TO THE be filed imPort		Teorge	U. 3	400	IND			X	HE	6623	Augu	ıst 22, 1991	
0011	유	30. NAME AND ADDRESS OF PERSON WH			(ITEM 27) (Typ	a, Print)							
20+1		GEORGE A.	SOTOS,	MD	9000	ROCI	KVTI.	LE PI	IKE	BETHESDA	MARVI	LAND 20892	
C1+		31. DATE FILED (Month, Day, Year)			RE			1	, ,	DUTILIDUA	, ridi(1)	1111D Z007Z	
		NIG 23 '91	32. REGISTRA	Davidson	Mandal	2							

DHMH-18 Ray 1/89

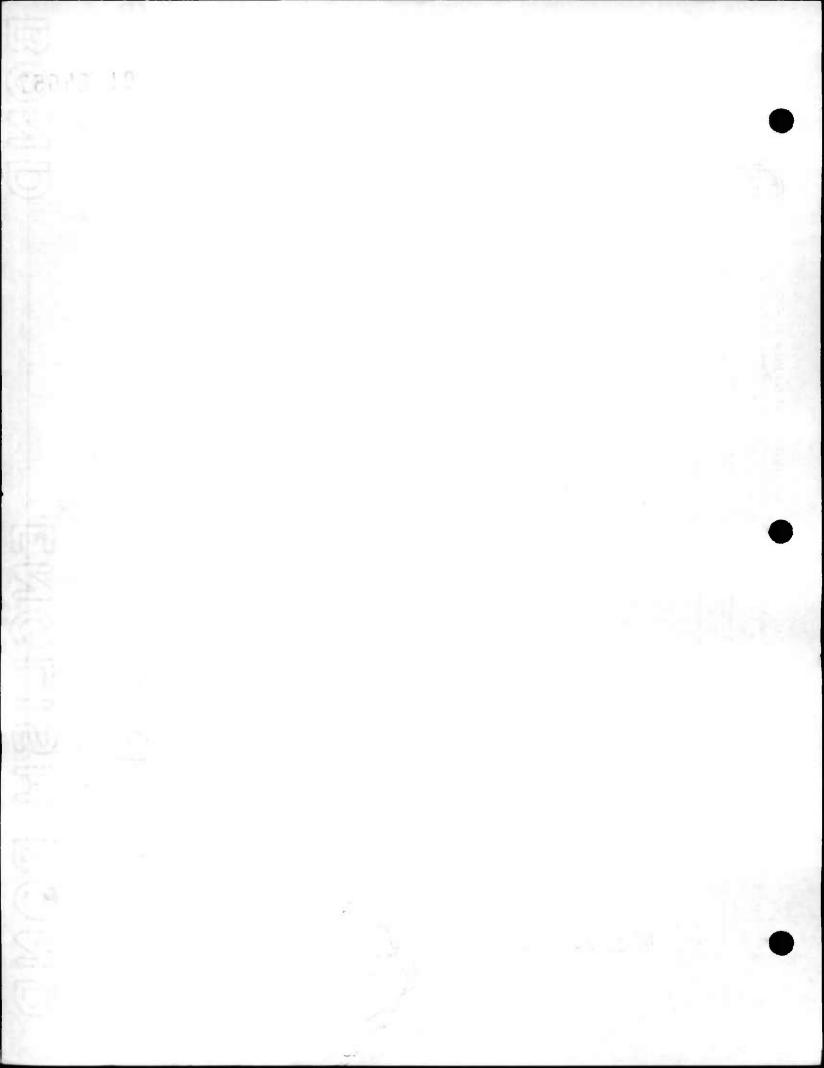
187 17 17

DHMH-18 Rev 1/89

notified at once.

2		0
5	DIVISION OF VILAL RECORDS, P.O. BOX 88180, BALLIMORE,	קה,
-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may b	6 may b
+	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	ctor, pagi
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
1	separate it to me so to medical as from 22 shows one intervent of other frammatic event the medical evaminar must be	must he

	1. DECEDENT'S NAME (First,	Middle, Last)	-							2. DATE C	F DEATH			3. TIME OF DEATH			
	JESS R. (COLLIN	S							MONTH	- /"	²	G/	396 AM			
	4. SOCIAL SECURITY NUMB	ER C	8. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		8. BIRTH	PLACE (State or Foreign			
	450-14-9865	5	1 X M 2 - F	71	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) 1 er 29		Country	Texas			
	9a. FACILITY NAME (If not in		treet end number)	- / /		9b. CITY,	TOWN	OR LOCATI	ON OF DE		CI 23		NTY OF D	EATH			
E	Fallston	Czen	cral.	Hospita	al_		Fa	115+	01			1	Harford				
5	RESIDENCE OF DEC	EDENT		100/11	-		101		<u> </u>			1 //	w.C.	010			
#	10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY LIMITS?			
□	Maryland	Mont	gomery		P	otoma	ac							1 - YES 2 1 NO			
Z I	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CIT	IZEN OF W	WHAT COUNTRY?			
ÿ l	8512 Tucke	erman						20854				Uni		States			
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 🔯	Mandad	12. WAS DECEDER	T EVER IN U.S. A	RMED NO					NC ORIGIN?	(Specify Yes	or No—	14, RACE Black	- American Indian, c, White, atc.			
BY	3 Widowed 4 Divo			MAR OR DATES	**	- 1 -			Specify				Speci				
		EOENT'S EDU	World W		Kore-		COURATI	na.	_	Tash	KIND OF BU	DIMECO/IN	MICTOV	White			
COMPLETED	(Specify only highest grade completed)					work done (ng		ited						
2	Elementary/Secondary (0		torney						vernn	ent							
M	17. FATHER'S NAME /First M	icicile Last)	5+	LLOFI	ey		16 MOT	HER'S NA				_					
BE	19e. INFORMANT'S NAME (7		IIIS	10	DE MAILING	AODRESS	(Street				operts		in Codel				
2	Alicia T.		m.a.											20054			
	20a. METHOD OF DISPOSIT	ON			E AND DAT				ne,	POTOI			City or To	20854			
	1 ☐ Burlel 2 X Crematic	n 3 🗆 Rem	noval from State	of cemetar	y, crematory	or other p	lace)	8/2	1/91								
- 1	4 Donation 5 Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 22. NAME AND ADDRESS OF FACILITY																
	· Micho	18	Dean	, M(00846	Re	hevy	t A. Cha	Pum se,	phrey Inc.	Fune 7557	Wis	Home	/Bethesda- in Avenue			
	23. PART I. Enter the d													Approximate			
			Liet only one cs	use on each lin	a.						,			Interval Between Onset and Death			
	disease or condition Arest																
	disease or condition resulting in deeth) s. Cardro-Primary Arrest DUE TO (OR AS A CONSEQUENCE OF):																
-	e lu la ideat											5 months					
CERTIFICATION	Sequentially list conditions, If any, leeding to immediata DUE TO (OR AS A CONSEQUENCE OF):																
8	couse. Enter UNDERLYING																
E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):																
E	resulting in deeth) LAST																
	PART II. Other significa	nt conditio	ne contributing to	death but not	regulting	In the ur	rdochule	COLLEGE	ahen In	Dart I	24s. WAS AR	AUTODOV	246	. WERE AUTOPSY FINDINGS			
MEDICAL		1.	· C. C	J Gooth Dat Hot	resulting	m the di	ide iyii	y cause	Sisen in	rant I.	PERFO		240	AMILABLE PRIOR TO COMPLETION OF CAUSE			
ă	017/	erter	10/00							- 1	1 YES	NO	-	OF DEATH?			
-	<u> </u>	Eh e	e,							- 1		(•	15	t YES 2 NO			
Ž													34.7				
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		-	OTHE		LACE OF	DEATH (Ch	eck only one)						
YS	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)																
표											7 0						
Accident Investigation M 1 YES 2 NO																	
8											Route Number,						
E													16.0				
릴	Correct ormy	TIFYING PHYS	SICIAN: To the beat	of my knowledge, o	death occur	red at the	time, dat	end plac	e, end due	to the cau	e(e) end me	nner sa st	ated.				
COMPLET	one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.																
ш	29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)																
0	900		uu	MI				0	79	75			4/	17/91			
2	30. NAME AND ADDRESS O	E DEDSON W	UO COMPLETED ON		TM 00 7	n Defeat			-	_	_		-	- 4: 31			
	30. NAME AND ADDRESS O	A A		USE OF GEATH (IT	EM 27) (1/p									64			
	DAVID A	A A	lune M.	D. I	1/3/		A.	:/	Lord	13	el A	in A	nd .	21014			



BALTIMORE, MARYLAND 21215-0020	n 24 hours after death, Page 6 may be retained by the hospital or attending physician. ly filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per ation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Put is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	4 252525				LITTI	ICAT	E OF	DEA	in_	REG. N	0.		
	1. DECEDENT'S NAME (First,		משונמונה								DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		DURNER 5. SEX	8. AGE (In yrs.				_		Aug. 28	ال وال	991	м
			1 X M 2 F	o. More (III yrs.	•	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		S. BIRTHE Country	PLACE (State or Foreign
1	213-16-4			67	YRS.					Apr. 17.	1923	Maj	ryland
-	9a. FACILITY NAME (If not in	stitution, give s	street end number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH	9c. COL	UNTY OF OE	ATH
Ö	Route 1	Box	21-C			Go	lds	boro	0			Caro	line
ទ	RESIDENCE OF DEC	10b. COUNT										- 410.	
2					10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
۵	Maryland	Ca	roline			Go	lds	boro)				1 YES 2 NO
₹I	10e. STREET AND NUMBER						101	. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
BY FUNERAL DIRECTOR	Route	Roy	21-0					216	336		1	J.S.A	1
5	11. MARITAL STATUS			T EVER IN U.S.	ARMEO	13.	WAS DEC	ENDENT (OF HISPAN	IC ORIGIN? (Specify Y	ee or No-		
7	1 Never Married 2 X		IF YES, GIVE W	X YES 2 AR OR DATES	NO		If yes, sp	ecify Cube	m, Mexice	n, Puerto Rican, atc.)			- American Indian, White, atc.
	3 Widowed 4 Divo	rced	WW	II				L UKNO	Specify	,		Whi	
E	15. DEC	EDENT'S EOU	CATION	18e. C	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KINO OF B	JSINESS/IN		
<u> </u>	Elementary/Secondary (0		College (1-4 or 5		(Give kind of life. Do NOT u	work done so retired.)	during mo	ist of worki	ng				
릴	12				Firen	ia n				Cir	717 5	Servi	Co
COMPLETED	17. FATHER'S NAME (First, Mi	iddle, Last)				CC AI		18. MOT	HER'S NA	ME (First, Middle, Maide		CIVI	
	Bernard V	al Day	nnan										
BE	19a. INFORMANT'S NAME (%		THEI		IOS MAR INC	ADDRES	0 /01	T. T	ore	nce Case	у		
2	Dobadas	. W	D	1									7.000
	Patricia		Durner	_					<u> </u>	Goldsbo		-	
	1 DE Burtat 2 Crematio	n 3 🗆 Remo	oval from State	cometery, c	rematory or o	ther place!				OATE 20c. L			
1	5-13 Signation 5 □ Other	A CONTRACTOR OF THE PARTY OF TH	mun () /	//St.	Mary	s C	eme	tery	8	/30 Ar	mapo	lis	MD
- 1	JI 1	D	I L	/		22.	NAME AN	O P	SS OF FA	ral Char	L C		21401
	Dinald	N.	Ly T-	-						ter St.		noli	
	23. PART I. Enter the di	seases, or c	omplications that	caused the c	leath. Do	not anter	the mo	de of dvi	ing eucl	cer series or rec	ALIIII c	гротт	
	shock, of he	dit isnoia.	List only one cau	se on aach lir	18.			da or dy	ing, suci	r as caldiac or res	matory ar	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Fin disease or condition		0			: (1						Onset and Death
1	resulting in death)	→	s. Co	ngest	ive	Hea.	1	all	ure				
_			DUE TO	(UH JAS A CUNS	EOUENCE O	F):							
CERTIFICATION	Sequantisity list condition		b	OR AS A CONS	FOLIENOF O								
¥	if sny, lesding to immed cause. Enter UNDERLY!			1011 AD A 001131	EGOENCE O	· ·							
윤	CAUSE (Disesse or injur		OUF TO	OR AS A CONSI	FOLIENCE OF	D.		-					
E	resulting in death) LAST				LOGETHOL O	<i>/</i> ·							
8		_	4										
	PART II. Other significan	nt condition	s contributing to	death but not	reaulting	n the un	derlying	cauaa	jivan in i	Part I. 24a. WAS A	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
MEDICAL	ASCVD									PERFO	RMED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE
										1 □ YES	2 LA NO		OF DEATH?
_										- 1		1	YES 2 NO
A	25. WAS CASE REFERRED TO	MEDICAL T											
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)			
ĭ ×	1 YES 2 TO NO		1 Inpetient 2 I		3 DOA	4 🗆 Nun	ing Home	5	eldence	6 Other (Specify)			
표	27. MANNER OF DEATH	Pending	28e. OATE OF (Month, Da		28b. TIM INJ	E OF URY	28c. INJU			28d. DESCRIBE HOW	INJURY OC	CURED	
à I		nvestigation				М	1 🗌 Y	ES 2] NO				
- 100		Could not be	28e. PLACE Of building,	INJURY - At h	ome, ferm, s	treet, fact	ory, office	,		281. LOCATION (Street City or Town, State	end Number	or Rural Ro	ute Number,
COMPLETED	4 Homicide d	etermined								ony or lown, orace	,		
2 1	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, d	leath occurry	d at the ti	me date	and place	and due	to the cause(s) and ma			
\$ 1	one) 2 MEDIC	AL EXAMINER	R: On the basis of ex	emination end/or	investigatio	n, in my o	olnion, de	enth occur	ed at the i	lime, date end place, e	nd due to th	led.	and manner or state d
	29b. SHANDURE AND TUTCE	-											
H	1286	GENTIFICA						29c. LICE	NSE NUM	BER /	29d. DAT	E SIGNEO (A	Month, Day, Year)
2	30 NAME AND ACCOURS	DEBCON	3 4000					1)	530	244	1	5728	191
	30. NAME AND AGORESS OF	PERSON WHO	COMPLETED CAUS	OF DEATH (IT)	EM 27) (Type,	Print)	Da	a do	1 1	nd. 216	70		
H	31. DATE FILEO (Month, Day, Y	ber)	32. REGISTRA	'S SIGNATURE	7		1/2	40	1.	wi all	100		
	AUG 3 0	1991	32. REGISTRAT	lon-gano	الوالا								

.

and the second s

e . . .

AUGUST 1881 Junior Land

	* REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lat.	et)	CERTIFIC			2. DATE C	REG. NO.			TIME OF DEATH		
	ma William	Duling				MONTH	DAY		AR	0.15		
	Flmor Villiam 4. SOCIAL SECURITY NUMBER 234-42-9354	6. SEX 6. AGI		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.			8. (0:15 a CE (State or Foreign		
_	9e. FACILITY NAME (If not institution, give	ve street and number)		b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY				
	Garrett Co. M	lem. Hospital		Oaklan	đ			Garre	ett			
DINECTOR	Nd. Garre			Town or Local	TION					LIMITS? YES 2 NO		
LONEHAL	7th& Alder St				21550			10g. CITIZEN		COUNTRY?		
	11. MARITAL STATUS	12. WAS DECEDENT EVER	I IN U.S. ARMED		CENDENT OF HISPA	NIC ORIGIN	(Specify Yes o	USA No.— 14.	RACE -	American Indien,		
	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 _ YE #F YES, GIVE WAR OR		If yes, sp	ecify Cuben, Mexico 2 NO Specif	n, Puerlo R			Block, WI	ilte, atc.		
	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16a. OECEDENT'S U	rk done during me	ON ost of working	16b.	KINO OF BUSIN	ESS/INDUST	TRY			
	Elementary/Secondary (0-12) UNK	College (1-4 or 5+)	iite. Do NOT use				07					
	17. FATHER'S NAME (First, Middle, Last)		Coal 1	ruck Di	16. MOTHER'S NA	ME (First, M	Coal	ırname)				
	Tully Duling				Lessi	e Bar	b d					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural	Route Numb	er, City or Town,	State, Zip Coo	de)			
	David A. Burdoc				itzmille	r,Md	21538					
	20a. METHOD OF DISPOSITION 1 □ Burlet 2 □ Cremetton 3 □ R	lemovat from State	100fca Ceme	TION (Name of ce	metery, crematory or			ATION - City				
	4 ☐ Donetton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- Carre		ND ADDRESS OF FA	ACH YTY	ETK	Garden	1 W.V	a		
	· Horrd A.	Burak			A. Bur		FH Kit	zmill	er,M	d 21538		
	23. PART I. Enter the diseases, a shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Acute Re		re	oda of dying, suc	ch aa card	ec or reapire	itory arrest		Approximata Interval Betwee Onaet and De 48 hou		
		Sepsis	S A CONSEQUENCE OF):							48 hou		
	Sequentielly list conditions, if any, leading to immediate		A CONSEQUENCE OF):									
	cause. Enter UNDERLYING CAUSE (Disease or injury	C	Tract Infe							?		
CENTIFICATION	that initiated eventa resulting in death) LAST	d	S A CONSEQUENCE OF):									
	PART II. Other aignificant conditions Severe Al	tions contributing to death zheimer ^t s Dem		the underlyin	g cause given in	Part I.	24e. WAS AN A PERFORM 1 YES 2	EO?	CO	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUSE		
MEDI	Hyperkale	mia						24.		DEATH? YES 2 NO		
								-				
FITSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:		OTHER:	LACE OF DEATH (C							
	27. MANNER OF DEATH 1 XNetural 5 Pending 2 Accident trivestigation	28e. DATE OF INJUR (Month, Day, Year		RY W	JURY AT ORK? YES 2 NO	28d. DEŞ	CRIBE HOW IN	JURY OCCUR	ED			
	3 Suicide 6 Could not 4 Homicide determined	building, etc. (S	RY — At home, term, str pecify)	reet, factory, offic	De .		TION (Street en er Town, State)	d Number or I	Rural Route	Number,		
COMPLET	one)	HYSICIAN: To the best of my kn							nuse(s) an	d manner ee stated		
29b. SIGNATURE AND TITLE OF CERTIFIER MD 29c. LICENSE NUMBER D 27205 29d. DATE BIONED (Month) 8/27/9												
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Karl E. Schwalm 311 N. Fourth St., Oakland, MD 21550											
	31. DATE FILED (Morith, Dev. Year) AUG 2 9 19											

100 05 1

DIVISION OF VITAL RECORDS, P.O. BOX 13146,		S.
DIVISION OF VITAL RECORDS, P.O. BOX 1	13146,	secuted within
DIVISION OF VITAL RECORDS, P. OF ATTENDING PHYSICIAN. The law requires that the death of	J. BOX	ertificate be ex
DIVISION OF VITAL RECORD THE DAY SECURITY THE DAY PROVIDES THAT	7, 7.	the death c
DIVISION OF VITAL I	おいこと	requires that
DIVISION OF V	MIAL	M. The law
DIVISION	PF \	DHYSICIA
ā 8	VISION	ATTENDIM
	ā	ou min

	PDECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ai examiner must be notified at once.
TO VIEWING THE PROPERTY OF THE	N. DIRECTOR: After this certificate has been signed by the attending physician and completely filled a hours after death with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie

	FOR 1 . STATE	STATE OF M						MENTAL HYGI	ENE	91	24660				
	REGISTRAR		CEI	RTIF	ICATE OF	DEA	ТН	REG.			,				
	1. DECEDENT'S NAME (First, Middle, Last)	N -						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH				
	Charles A,	Deni				1		8	27	91					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b		MONTHS DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year		8. BIRT	A A				
	214 10 0406	1 🔣 M 2 🗆 F	73	YRS.				1-13-		\perp	V. J.				
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN		ION OF DE	ATH		DUNTY OF					
6	307 PENNA, AL	E			Elktor				C	eci 1.					
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v		10e CIT	Y. TOWN OR LOCA	TION					10d. INSIDE CITY				
<u><u><u></u><u><u></u> <u> </u></u></u></u>	md CE		1	-	likton.						LIMITS?				
	104. STREET AND NUMBER	-11				f. ZIP COD	VE .		100 0	STITEN OF	WHAT COUNTRY?				
A I	307 Penna. A	114			1"				109.0	ILC/	1				
FUNERAL						2197				U 21	1				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMI ☐ YES 2 MO AR OR DATES	ED	If yes, s		en, Mexice	iiC ORIGIN? (Specify n, Puerto Ricen, etc. //			CE — American Indian, ck, White, etc.				
8	15. DECEDENT'S ED	ICATION	16- DEC	FOENT'S	USUAL OCCUPAT	ION		18b. KIND OF	DI ICINECO/	INDUSTRY	NITIE				
	(Specify only highest grad	e completed)	(Give	kind of	work done during mee retired.)	ost of work	ing	loc kino or	D 0 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MOODIIII					
2	Elementery/Secondery (0-12)	College (1-4 or 5+	CUST	71.0	70 TE	RVIC	1	CONQUE	^ .	Do.	100				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		CUSI	Olin	EK 00	_		ME (First, Middle, Ma			VER CO.				
	As The Hy	- DEA	INEY			-	MIA	CR CC	and an a	"					
BE	19a. INFORMANT'S NAME (Type/Print)	11 321	-	44 A M 1915	1000000000000	[F 4	7017	Route Number, City or	25 F F	*** 0 41					
5	JANE C. DEN	NEY	30	7	PENNI	and Numbe	AVE	ELK T	N Stelle,	Y D	21921				
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State	Q other place		SITION (Name of o	emetery, cre		20c	LOCATION	- City or					
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	,		22, NAME										
	Edul	Motes			259	=. M/	AIN	ST. EL	KTON	, MI	21921				
	23. PART i. Enter the diseases, or shock, or heart failure	complications that	caused the dear	th. Do	not enter the m	ode of dy	ylng, suc	h as cerdiac or n	spiratory	errest,	Approximete interval Between				
	IMMEDIATE CAUSE (Fine)	Liet Only One Cau	se on each line.								Onset and Deat				
	disease or condition resulting in death)	· Prosta	te ca								11 months				
	resulting in death)	e. Prosta	(OR AS A CONSEOL	JENCE O	F):						11.77.07.1.18				
CERTIFICATION	Sequentially list conditions, Canduac Arrhythmia - Atrial Fibrillation. Amonths														
¥	it any, leading to infinediate										Len prich				
Ē	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):														
듄	resulting in death) LAST									GROWIN					
벙		d	*												
A	PART ii. Other significant condition	ns contributing to	death but not re	suiting	in the underlyi	ng cause	given in		AN AUTOP: FORMED?	SY 24	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
용								1 _ YE	S 2 NO	8	COMPLETION OF CAUSE OF DEATH?				
:	_										1 TYES 2 NO				
闄															
N: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)														
	EXAMINER? HOSPITAL: OTHER:														
SICIAN:		1 Inpatient 2													
SICIAN:	EXAMINER?	28a. DATE OF				ORK?		and deposits from morn occords							
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		IN		YES 2	2 Accident Investigation 3 Suicide S Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)								
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	ey, Year) F INJURY — At hor		M 1					nber or Rura	Il Route Number,				
ETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide S Could not be determined	28a. DATE OF (Month, D	ey, Year) F INJURY — At hor		M 1		NO			nber or Rura	il Route Number,				
ETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY	28a. DATE OF (Month, D	F INJURY — At hometral (Specify)	ne, farm,	M 1street, factory, off	lce		City or Town, S	(tate)		Il Route Number,				
ETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not b determined 29a. CERTIFIER (Check only)	28a. DATE OF (Month, D 28e. PLACE Of building.	F INJURY — At horr etc. (Specify)	ne, farm,	M 1 street, factory, off	te and plac	e, end du	City or Town, S	manner ee	stated.	of Route Number,				
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not b determined 29a. CERTIFIER (Check only)	28a. DATE OF (Month, D 28a. PLACE O building. SICIAN: To the best of e	F INJURY — At horr etc. (Specify)	ne, farm,	M 1 street, factory, off	te and plac	e, end du	City or Town, S to the ceuse(e) end time, date end place	manner ee	stated.					
ETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide S Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF (Month, D 28a. PLACE O building. SICIAN: To the best of e	F INJURY — At horr etc. (Specify)	ne, farm,	M 1 street, factory, off	te and plac	e, end du	City or Town, S to the ceuse(e) end time, date end place	manner ee	stated. to the ceuse	s(e) end manner ee stated.				

31. DATE FILED (Month, Day, Year)
AUG 28 '91

32. REGISTRAR'S SIGNATURE

nerve en

FOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	OMIL OF MARKET	CERT	IFICATE OF		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)	CHRISTOPH			2. DATE OF GEATH	J	3. TIME OF DEATH			
	CHRISTOPHER	J.	440N	MONTH 2	YEAR 9:15 -4					
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthd		IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign		
	215-82-9010		8 YR	B, MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	73	PA.		
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	TY OF DEATH		
5	RESIDENCE OF DECEDENT	MIEM!	55	BALT	TIMORE	MO	Balt	imore City		
3	10a. STATE 10b. COUNT	1	10c.	CITY, TOWN OR LOC	ATION			10d, INSIDE CITY		
DIRECTOR	MD F	rederick		THURL	IUNT			LIMITS?		
	10e, STREET AND NUMBER 1571	4 Kelbaugh R	Road		Of. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?		
FUNERAL	P.O. Box	83			2178	33		USA		
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		4. RACE — American Indian.		
ı	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			S 2 NO Speci	an, Puarto Rican, atc.) fy:		Black, White, atc. Specify: WHITE		
	15. DECEDENT'S EDU	CATION	18a DECEDEN	T'S USUAL OCCUPAT	ION	Language and a				
I	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind	of work done during m T use retired.)	ost of working	16b. KIND OF BU	JSINESS/INDU	STRY		
	1116	contage (1-4 of 5 +)	HIGH	SC400L	STUDE.	n,	/a			
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider	Sumame)			
	Thomas J. Demmo	on				J. Fitzge				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Street		Route Number, City or Tox		Code)		
	Thomas & Donna Do	emmon	1571	4 Kelbaug	jh Rd., 7	hurmont, 1	1d. 21	788		
	20a. METHOD OF DISPOSITION 1 N Burial 2 □ Cremation 3 □ Rame	oval from Stata 20	b. PLACE AND DA	TE OF DISPOSITION A	lame of Pidoo	DATE 20c. LO	OCATION — CI	ty or Town, State NOWT, AU		
	4 Donation 5 Other (Specify)		THUR	MONT	Cemetery	9/2/917	HURA	nowT, ALL		
ĺ.	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	IND ADDRESS OF FA	NOTAL HOME	PO	. Bax 1819		
	Stander,	Laleur	wer	Fra	denich	Md. 21702	, , , , ,	· buy		
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE	A 57	ROKE	Donge	M W	8/28 8/28		
	if sny, leading to immediate cause. Enter UNDERLYING			ARTER) V ,	NTLEI	,			
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS .	A CONSEQUENCE	OF):		NJUR)				
=	resulting in death) LAST a. HEAD INJURY MOTOR VEHICLE ACCIDENT &									
	PART II. Other significant condition									
DICAL TAL	Sug ARACH		/	RHAG		Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDIN WAILABLE PRIOR TO		
MEDI		MPORAL			-	1 DYES		COMPLETION OF CAUSE OF DEATH?		
	10	TOKAL	Cox	Tulic	·.U	- Hospin	only	1 TYES 2 NO		
THE SPOINT	25. WAS CASE REFERRED TO MEDICAL			28 D	LACE OF DEATH (Ch	ack ank cool				
2	EXAMINER?	HOSPITAL:	patient 3 🗆 pos	OTHER:						
	27. MANNER OF DEATH	26a, DATE OF INJURY	28b. 1	IME OF 26c. IN.	JURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCU	RED		
- 10	1 Natural 5 Pending	(Month, Day, Year) \$125/9/		NJURY W	ORK?	TEFP PO	1150	MEP		
	3 Suicide 6 Could not be	Suifolds 20s PLACE OF INJURY — At home farm street factors office								
L	4 Homicide detarmined	building, etc. (Spe	-124	ROAD		NEAR State		MONT, MI		
	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	riedge, death occi	arred at the time date	and place, and due					
COMPLETE	one) 2 MEDICAL EXAMINER	: On the basis of exemination	n and/or investiga	tion, in my opinion, o	leath occured at the	time, data and place ar	omer as atated, ad due to the c	ceuse(e) end menner as stated		
5	29b. SIGNATURE AND TITLE OF CERTIFIER									
	Muchael K	Sante	v. un	か	D380		29d. DATE S	IGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Ty	pe, Print)	8000		0	4111		
	DEPT CRITIC	. 17 .	RE.	MIEMSS	7-7	, (-37-	ENE ST		
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			10	00, (المارات (= NE M		
	8/29/SEP 03: 1	uul Quia Ja	LU JAMA MACA	ACAD ENGINE	1	In The season to	D 1	413 7 2 4 1		

notified at

must be

examiner

the medical

event,

traumatic

Injury, or other

shows any

Item 23

MPORTANT: If Item 28 is marked, or

BE

2

TO THE FUNERAL DIRECTOR: After be flied within 72 hours after death

BALTIMORE, MARYLAND 21215-0020

-	
-	
9	
2	
6876	
9	
BOX	
2	
O	
\mathbf{m}	
_,	
0	
P.O.	
-	
in	
~	
느	
Œ.	
ECORDS	
O	
ш	
~	
-	
<	
\vdash	
VITAL	
iř.	
0	
-	
VISION	
O	
7	
~	
>	
5	
-	

OR ATTENDING PHYSICIAN:

this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hygiene prior to

executed

91 24662 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 EAR 5:20 p./ M August 31, DAYHOFF CINDY MARIE 7. DATE OF BIRTH (Month, Day, Year) 6/18/1945 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 46 219-44-4904 DAYS HOURS MD. 1 M 2 X F YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10116 Pine Tree Road DIRECTOR Frederick Woodsboro RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10a. STATE 10d. INSIDE CITY Frederick Woodsboro MD. 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 21798 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10116 Pine Tree Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried Specify: BY 3 Wildowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe intery/Secondery (0-12) College (1-4 or 5+) housewife n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Annie Irene Hossler Ernest Calvin Colbert 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Paul E. Dayhoff Pine Tree Rd.. Woodsboro. Md. 21798 20e, METHOD OF OISPOSITION
1 (Z. Burlel 2 Cremetion 3 Removat from State
4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 9/4/91 Woodsboro. Md. Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home, P.O. Box 1819 Lem Frederick, Maryland 21702 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition _____ una (un cex 32 months DUE TO (OR AS-A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immedieta cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 WES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA rsing Home 5 Residence 6 - Other (Specify) 4 🗆 Nu 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending м 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide

29e. CERTIFIER DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end piece, and due to the ceuse(e) and manner se atated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M1) 614 3 9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Washington 32. GEGISTRAR'S SIGNATURE

Julia Savidson Render 31. DATE FILED (Month, Day, Year)

Mister rupalls, ctul

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) Katherine Jacoba Dress 4. SOCIAL SECURITY NUMBER 198-40-8448 1									
4. SOCIAL SECURITY NUMBER 198-40-8448 1									
9a. FACILITY NAME (If not institution, give street and number) Carroll County General Hospital Westminster Carroll County FRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. LINSIDE C. LINSIDE C. LINSIDE C. LINSITS? 1 VES 2									
Carroll County General Hospital Westminster Carroll County RESIDENCE OF DECEDENT 10d. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 11c. LIMITS? Pennsylvania Luzerne County Wilkes-Barre 1 ves 2									
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE C LIMITS? 1									
Pennsylvania Luzerne County 10c. city, town on Location 10d. inside c 1									
Pennsylvania Luzerne County Wilkes-Barre									
10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY									
100. STREET AND NUMBER 101. ZIP CODE 101. ZIP CODE 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American I Black, White, etc.									
IF YES, GIVE WAR OR DATES 1 □ YES 2 🖾 NO Specify: Specify: White									
15. DECEDENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY									
Elementary/Secondary (0-12) College (1-4 or 5+)									
12 Homemaker Domestic									
THE INCOMMENTS MAKE TRANSPORT									
Mr. Edward G. Dress 8637 Manahan Drive Ellicott City, MD 21043									
20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cemetery, cramatory or 20s. LOCATION City or Town, State									
1 Systematics 2 Cremation 3 Removal from State other (Specify) St. Marys Cemetery Wilkes—Barre, PA									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home / Lisman Funeral									
Brian L. Flaight Haight Funeral Home / Lisman Funeral Sykesville, MD 21784 / Wilkes-Barre, P									
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Juliance alexa leaves lea									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
that initiated events resulting in death) LAST d.									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTOPS									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
EXAMINER? 1 YES 2 NO									
M 1 YES 2 NO									
2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
4 Homicide determined 290. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner.									
29c. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, M									
0 120/4/									
VINCENT J. FLOCES TER WESTERNINGTER UND 21/500 PARTY NESTER UND 21/500									
31. DATE FILED (Month, Day, Vear) 39. AEGISTBAR'S SIGNATURE									
SEP 3 91 June Day door Handall									

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMONE, MARTLAND 21203-3146	ATEMID 21203-3140
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zemours after death. Page 6 may be retained by the hospital or attending physician.	ned by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is the burial-transit permit. Pages is the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ould be detached for use as the burial-transit permit. Pages
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	fled at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

21,551 91

FOR STATE REGISTRAR		STATE OF M	MARYLA				EALTH AND I	MENTAI	HYGIENE		91	24664
1. OECEOENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH		EAR 3	. TIME OF DEATH
	5	TRONG V	AN D	ANG					ust 29			10:45 PM
4. SOCIAL SECURITY NUMB	TY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 1002 1 X M 2 F 59 YRS. MONTHS DAYS						IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH	BIRTHPLACE (State or Foreign Country)		
586-48-1883				ch 6,1			Nam					
9a. FACILITY NAME (If not in:		eet and number)			9b. CIT	Y, TOWN O	R LOCATION OF OR	ATH		9c. COUNTY	OF DEA	TH
2032 Cherry						Edge	wood			Har	ford	
10a. STATE	10b. COUNTY			10c. C	CITY, TOWN	OR LOCAT	ION				1	Od. INSIDE CITY
Maryland Harford Edgewood 1□ YES 2X NO												
10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY?											AT COUNTRY?	
2032 Cherry Ct. 21040 USA												
11. MARITAL STATUS 1 Never Married 2 X		12. WAS DECEDEN			13		ENDENT OF HISPAN			or No- 14	RACE -	- American Indien, White, etc.
3 Widowed 4 Divo		IF YES, GIVE Y	WAR OR DAT	TES			2 NO Specify				Specify:	Asian
15. OEC	EOENT'S EDUC	ATION		16a, DECEDENT	I'S USUAL (OCCUPATIO	N .	16b	. KIND OF BUSI	NESS/INDUS	TRY	
(Specify only Elementery/Secondary (0	highest grade	completed) College (1-4 or 5	4)	(Give kind life. Do NO)	of work done use retired,	during mo:	st of working					
Landing (o	/	4	''	Auto	Tech	nici	an		Auto 1	Deale:	r	
17. FATHER'S NAME (First, Mi	iddle, Last)		•				16. MOTHER'S NA	ME (First,				
Thuy Van	Dang						Tieu T	hi	Le			
19a. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILI	NG AOORE	SS (Street a	nd Number or Rural I	Route Num	ber, City or Town	, State, Zip C	ode)	
Minh Duc She	eridan			1916	Hare	boows	Rd., Ed	lgewo	od, Md	. 2104	40	
20a. METHOD OF DISPOSITI	ION n 3 🗆 Remo	oval from State	20b.	PLACE OF DISI	POSITION (Vame of cen	netery, crematory or		20c, LOC	ATION — CH	y or Town	n, State
4 Donation 6 Other	1-6		R.	A. Fe					W.	Chest	er,	Pa.
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		-			d K. McC		III F	unera.	l Ha	me, P.A.
Howard	2/1	Male	m	100 W			Cokesbur					
23. PART I. Enter the d	seases, or c	omplications the	t caused	the death. D	o not anta	ar the mo	da of dying, suc	h sa can	diac or respir	atory srres	it,	Approximate
IMMEDIATE CAUSE (Fir		List Only Ona Ca	uaa on aa	1/ 1								Onset and Daath
diseasa or condition resulting in death)	→	HER	2109	ellular	· (te	uccm	oma					6 MONTHS
Tousiang in accasi,		DUETTO	OR AS A	CONSEQUENCE								
Sequentially list condit	lone T	D,										
if any, leading to imme cause. Enter UNDERLY	diata	OUE TO	(OR AS A	CONSEQUENCE	OF):							
CAUSE (Disease or Inju		OUE TO	OR AS A	CONSEQUENCE	OE.							
that initiated events resulting in death) LAS	т		(on no n	0011020021101	. 0. /.							İ
		1,										1
PART II. Other aignifica	ent condition	s contributing to	daath bu	ut not resultir	ng in tha I	undariyin	g cause given in	Part i.	24a. WAS AN			VERE AUTOPSY FINDINGS
									1 - YES 2	-		COMPLETION OF CAUSE OF GEATH?
											1	YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			ОТН		ACE OF DEATH (C)	neck only o	ne)			
1 TYES 2 W NO		1 Inpatient 2			A 4 □ N	ursing Hom	e 5 Residence	_	1.1 77			
27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b.	TIME OF		PRK?	28d. DE	SCRIBE HOW IF	JURY OCCU	RED	
2 Accident	investigation	00 - PI 40F	OF BUILDIN	44.5	WI		YES 2 NO	201.10	0.0000000000000000000000000000000000000		0.10	
	Could not be determined	building	, etc. (Speci	— At home, far	m, street, ti	ictory, onic	•		CATION (Street a or Town, State)	na Number o	r Humal Ho	ute Number,
no province							-	L				
(Check only							and place, and du					
			exemination	ancor investig	etion, in m	y opinion, c			a and place, an			and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	20					29c. LICENSE NU			29d. DATE	0/2	Month, Day, Year)
30. NAME AND ADDRESS O	C DEDECTION	L COMBI PERO SI	IOF OF DE	ATH STEEL OF T	Ema Gillar		V2960				7/30	171
-7 2	T PERSON WH	Pa v K	HP ()	A T	A. 1	e	PiVa	111/10	Md			
31. DATE FILED (Marris Deg.	Your)	1	AR'S SIGN	ATURE .	10	_	10402	41.1	1110			
SEP	37'91	4u	ha Dav	idson-Pa	ndell							

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)	JOHN W		DORCH			2. DATE OF DEATH	491 4		2:00 34m		
4. SOCIAL SECURITY NUME	ER	5. SEX 0.		s. last birthday)	IF UNDER 1 Y		7. DATE OF BIRTH (Month, Dev. Year)	8.	BIRTHPLACE Country)	E (State or Foreign		
107-05-19	74	1 📉M 2 🗆 F		78 YRS.	MONTHS D	AYS HOURS MIN.	11-1-12		So. Carolin			
9e. FACILITY NAME (If not in		Service .			9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH			
		Crown Ct	- /		Gai	thersbur	g	Mon	tgome	ery		
RESIDENCE OF DEC	10b. COUNT	γ		10c. CIT	Y, TOWN OR	OCATION			10d.	INSIDE CITY		
Maryland	Mont	gomery		G	aithe	ersburg				LIMITS? YES 25 NO		
10a. STREET AND NUMBER	110110	gomer y				10f. ZIP CODE	•	10g. CITIZEI	N OF WHAT			
	iple	Crown Ct				20878			S.A.			
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT EV FORCES? 1	YES 2	□ NO	If y	S DECENDENT OF HISPA es, specify Cuban, Maxico	n, Puarto Rican, etc.)	s or No 14	Slack, Whit			
3X Widowed 4 ☐ Dive		IF YES, GIVE WAR		3	10	YES 2 NO Specif	y:		Specify:	Black		
	EDENT'S EDU y highest grade		16	a. DECEDENT'S (Give kind of	work done duri	JPATION ng most of working	16b. KIND OF SU	ISINESS/INDUS	STRY			
Elementary/Secondary (f	1-12)	College (1-4 or 5+)		ille. Do NOT u	Post fire	1 2 21						
3rd				Che	ei (r	etired)			_			
17. FATHER'S NAME (First, M	_					Lena	ME (First, Middle, Melder	Surname)				
John Do				105 114 11 114	ADDDECC (treet and Number or Rural		- C 7- C	- 4-1	20070		
Jacquelin		Foster				Crown Ct				20878 MD		
20a. METHOD OF DISPOSIT	ION	novel from State	20b. Pl	ACE AND DAT	E OF DISPOS	ITION (Name	DATE 20c. L	OCATION — CH	y or Town, Si	lote		
4 Donation 5 Other	(Specify)		G	ate of		ven Cem.		lver	Spri	ng, MD		
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	,			ME AND ADDRESS OF FA		ME P.	A. 20	1850		
+ June	EX	May	rela	w		6 N. Was						
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	aart failure.	Vist only one cause	on aach	ilina. oulmor	nary	arnest				Approximata interval Between Onset and Death		
Sequentially list condit if smy, leading to imme cause. Enter UNDERLY CAUSE (Disease or inje that initiated events resulting in daeth) LAS	diata ING Iry	c. DUE TO (OF	AS A CO	REG 47	on: ta	pertensif tion hisease						
PART II. Other significa	ant condition	ns contributing to de	ath but	not resulting	In the unda	riving ceuse given in	Part I. 24e. WAS A	N AUTOPSY	24b, WER	E AUTOPSY FINDINGS		
							PERFC 1 YES	RMED?	AMAIL COMI OF D	LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO		
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOODITAL			T	26. PLACE OF DEATH (C	heck only one)					
1 TES 2 NO		HOSPITAL:	R/Outpatie	ent 3 🗆 DOA	OTHER:	g Home 5 KRasidence	6 Other (Specify)					
27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE OF IN. (Month, Day,		28b. TII	JURY	Bc. INJURY AT WORK?	28d. DEŞCRISE HOW	INJURY OCCU	RED			
2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be detarmined	28a. PLACE OF II building, atc	NJURY — (Specify)	At home, farm,	, street, factor	r, office	281, LOCATION (Stree City or Town, State	t and Number or e)	r Rurel Route I	Number,		
torioon only		SICIAN: To the best of my ER: On the basis of axer								manner as stated.		
29b. SIGNATURE AND TITL	E OF CERTIFIE	popular Co	1. 4	when !	My	29c. LICENSE NU	MBER 136	29d. DATE	SIGNED (Mon	th, Day, Year)		
15020 S	hady	Greve Re	OF DEATH	(ITEM 27) (Typ	Print)	kochvill.	e, Md.	20856	9			
31. DATE FILED (Month, Day, AUG 27	*91	32. REGISTRARY	SIGNATU	Pandel	و							

BAL I IMORE, MARY I LANK after death. Page 6 may be retained by the host by the funeral director, page 5 should be detache moral. cal examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the other to TO THE FUNEXAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State best. of Health and Merital Hygher prior to burilla, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

15

Charle Ac		DRIAN.	DOLLAH	ITE	2.	DATE OF DEATH	DAY OUL Y	7EAR 3. TH	6 PEATH
4. SOCIAL SECURITY NUMBER 532-28-7645	5. SEX 6. AGE (In yrs. last birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER :	MIN.	DATE OF BIRTH (Month, Day, Year) EB.11,19		BIRTHPLACE Country)	(State or Foreign
90. FACILITY NAME (If not institution, she s	CARE CENT	'ER	9b. CITY, TOWN CATON	OR LOCATION SVILL	N OF OEATH			OF DEATH MORE	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND MON	TGOMERY		, TOWN OR LOCA						INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 13310 GEORGIA AVE	NUE	,	10	on. ZIP CODE	906		10g. CITIZE	N OF WHAT (COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES F YES, GIVE WAR OR D.	2 X NO	If yes, s		n, Mexican, P	ORIGIN? (Specify Your uerto Rican, etc.)		I. RACE — Ar Black, White Specify: WHTTE	nerican Indian, le, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT us	rork done during n	ost of working	9	MEDIC	JSINESS/INOUS		
17. FATHER'S NAME (First, Middle, Last) CHARLES HARR		ALDOTO I		18. MOTH		(First, Middle, Meide PROFFER	n Surname)		
190. INFORMANT'S NAME (Type/Print) JAMES V. DOLLAHIT 200. METHOD OF DISPOSITION	_ ()		GEORGIA	AVEN				ARYLAI	ND 20906
21. SIGNATURE OF FUNERAL SERVICE IN A SERVIC	CENSEE		FRANC 500 U	IS J. NIVER	COLL SITY	INS FUNE BLVD.,W.	SIL.S	ME, IN	NC . O. 20901 Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS	CONSEQUENCE O	4/0 C	and	141	Dise	414		Onset and Daat
	в								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF	•						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF	F):	ng cause g	given in Pa	rt I. 24a. WAS A PERFC	N AUTOPSY PRMED? 2 2 000	COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	out not resulting	in the underlyl	PLACE OF O	EATH (Check	PERFO	2 NO	COM OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e	out not resulting	26. OTHER: 4 Nursing Ho	PLACE OF OI me 5 Re JURY AT ORK?	EATH (Check reldence 6 (PERFO 1 NES	PRMED? 2 000	AMAIL COM OF D	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A d	patient 3 DOA 29b. TIM IN.	26. OTHER: 4 Nursing Ho E OF URY M 1 street, factory, off	PLACE OF OI me 5 Re SIJURY AT ORK? YES 2 C	EATH (Check reldence 6 (26) NO 26	only one) Other (Specify) d. DESCRIBE HOW City or Town, State	PRMED? 2 100 100	AMAR COM OF D 1	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO

32. REGISTHAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) AUG 2, 7 '91

Gory

DHMH-16 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24667 91

- STATE REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last ESMERINA		DeAndr	ade		2. DATE OF OEATH MONTH DAY	1991	3. TIME OF OEATH 11:30P N
4. SOCIAL SECURITY NUMBER				F UNDER 24 HRS.	7, DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
218-56-5376	1 🗆 M 2 🗐 🥳	84 YRS. M	ONTHS DAYS	IOURS MIN.	9/16/06	BF	ÄZIL
MERIDIAN NURS			SILVER			9c. COUNTY OF MONTG	OMERY
0a. STATEID . 10b. COUN PRIN			PHI	N			10d, INSIDE CITY LIMITS? 1 YES 2 NO
1924 SARATO	A DRIVE			O783	- 19.3		WHAT COUNTRY? BRAZIL
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	rES 2 NO	If yes, speci	ty Cuben, Mexica NO Specif	NIC ORIGIN? (Specify Year on, Puerto Rican, atc.)		CE — American Indien, ck, White, etc.
15. OECEDENT'S EE (Specify only highest gra		16a. DECEDENT'S U	SUAL OCCUPATION rk done during most retired.)		16b. KIND OF BUSI	NESS/INDUSTRY	
Elemantary/Secondary (0-12)	College (1-4 or 6+)	HOUSEK		М	MAGUTN	CITONI A	DVENTIST :
17. FATHER'S NAME (First, Middle, Last)		11000111		IS. MOTHER'S NA	ME (First, Middle, Maiden S		DAEMITOT.
MANOEL	DeA	ndrade		Jesu	ina C	ORTEZ	2
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,		
Sue DeMoraes		1924			. ADELPHI		20783
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donetion 6 Other (Specify)	moval from State	of cemetary, crematory p	r other place)	same	OATE 200. LOC	ATION — City or	own, State andria Va
23. PART I. Enter the diseases, o	r complications that care. Liet only one gause of					N.W. W	arroll St ashington
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	0 0	AS A DONSEOUENCE OF	ary a	nest	- pecenda	ry	Onset and Deati
Sequentielly list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	C	AS A CONSEQUENCE OF). AS A CONSEQUENCE OF).		aja	ues		
resulting in death) LAST	d						
PART II. Other significant condition	ons contributing to des	ith but not resulting in	the underlying	cauae given in	Part I. 24e. WAS AN A PERFORI	AED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER!	CE OF DEATH (CI	CONT. IN LU		
1 YES 2 ANO 27. MANNER OF DEATH 1 Astural 6 Pending	1 Inpatient 2 ER 25e. DATE OF INJU (Month, Day, Y	URY 28b. TIME	OF 28c. INJU	RY AT	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident 3 Suicide 6 Could not to determined	26e, PLACE OF IN.	JURY At home, farm, st (Specify)			26f. LOCATION (Street as City or Town, State)	nd Number or Rure	I Route Number,
one)	YSICIAN: To the best of my						e(a) and menner se atated.
296 SIGNATURE AND TITLE OF CERTIF	IER			29c. LICENSE NU	MBER	29d. DATE SUSNI	EO (Month, Day, Year)
()	M		IOUN	708	277	172	0/9/
John Marce	WHO COMPLETED CAUSE O	O. Suite	21 Suite 216	3 1 1 20 1	70 1 RANDO	olph Ro	1 Rackuille md 2085
AUG 26 91	Julia David	SIGNATURE CONTRACTOR		MD 208			

DHMH-16 Rev 1/89

IS. or

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	sou :	tache		nce.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained b TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a	y the	96		5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retain TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.	ed b	Pla		2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be r. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be in	etain	Sho		E I
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must b	2	96 5		9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mu	may	r, pa		st p
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Pag TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner	e 6	recto		Ē
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exam	Pa.	를		lner
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumadic event, the medical e	Jeath	fune		жаш
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours a TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or rem IMPORTANT: If item 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medic	fter (the	oval.	<u>e</u>
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moi TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the m	ILS a	in by	rem	ed ed
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the	100	Pel	n, 0	E 3
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cren IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event	in 2	ely fi	natio	=
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic e	With	nplet	Cren	Ven
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exec TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to be IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumat	uted	200	urial,	lc e
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other trau	88	and	5	mat
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartifical TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene (IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other	e pe	sicial	nior	ta
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hygi IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or of	Difficat	臺	ene (her
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atten be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or	Ced	ding	Ŕ	0 7
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the 1 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and Me IMPORTANT: If item 28 is marked, or item 23 shows any Inju	jeath	atte	ma	7,0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an IMPORTANT: If item 28 is marked, or litem 23 shows any	the	the	Ž	를
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Healt IMPORTANT: If item 28 is marked, or liem 23 shows:	that	25 25	H an	any
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law rêq TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: If item 28 is marked, or liem 23 sho	Jires	sign	Heal	*
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law TO THE FUNERAL DIRECTOR; After this certificate has the filed within 72 hours after death with the State Dept IMPORTANT; If item 28 is marked, or Item 23	DE .	Deed	0	Sho
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate I be filed within 72 hours after death with the State IMPORTANT: If item 28 is marked, or Item	WE S	has t	000	23
TO THE HOSPITAL DR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S IMPORTANT: If Hem 28 Is marked, or I	Ĕ	ate	tate	tem
TO THE HOSPITAL DR ATTENDING PHYSIN TO THE FUNERAL DIRECTOR: After this co be filed within 72 hours after death with 1 IMPORTANT: If item 28 is marked,	CIAN	ertific	the S	6
TO THE HOSPITAL DR ATTENDING PO TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death v IMPORTANT: If item 28 is mark	HYSI	nis ce	vith 1	ed,
TO THE HOSPITAL DR ATTENDIN TO THE FUNERAL DIRECTOR: AF be filed within 72 hours after de IMPORTANT: If item 28 is r	IG PI	ter th	ath v	nar
TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR De filed within 72 hours afte IMPORTANT: If item 28	NON	R. Al	or de	8
TO THE HOSPITAL DR TO THE FUNERAL DIRE be filed within 72 hours IMPORTANT: If item	ATTE	CLO	s afte	1 28
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	8	DIRE	hour	The
TO THE HOSP TO THE FUNE be filed within	TAL	RAL	2	=
THE POTTE SE SIGN A	4OSP	UNE	vithin	ANT
5 5 3 X	포	HEF	N Pel	OFF
	TOT	707	be fi	星

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

1. DECEDENT'S NAME (Fir	it, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
Milton	Muscie	us D	aniels							ust 2			5:30 P	A
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER 1	YEAR DAYS	HOURS 2	HRS.		OF BIRTH		8. BIRTH	PLACE (State or Fore	gn
155-01-766	6	1 🔀 M 2 🗆 F	80	YRS.	MONTHS	JAY-8	nouns	mire.			1911		th Carol:	Ina
9a. FACILITY NAME (If not					9b. CITY, T	OWN O	R LOCATIO	N OF DE	EATH		9c. COU	NTY OF DE	EATH	
5070 Amest		ive			Colu	mbi	a				How	ard		
10e. STATE	10b. COUNT	Y		10c, CIT	Y, TOWN OR	LOCAT	ON						10d. INSIDE CITY	
Maryland	Howa	rd		Co1	umbia								1 XYES 2 N	0
10e. STREET AND NUMBE	R					101.	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?	
5070 Amest	ury Dr	ive					21044	-			Uni	ted S	States	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED						17 (Specify Ye Rican, etc.)	a or No-	14. RACE Black	American Indian	,
1 Never Married 2 3 Utilities 3 Utilities 4 Di		IF YES, GIVE Y					2 X NO					Specif	»: Black	
15. DE	CEDENT'S EDU	JCATION e completed)	16a. C	ECEDENT'S	USUAL OCC	UPATIO	N working		16b	KIND OF BU	JSINESS/IN	DUSTRY		
Elementary/Secondary		College (1-4 or 5	+)	te. Do NOT u	work done du se retired.)	ing mo	t or working							
		5+	E	ducat	or					Unive	rsity			
17. FATHER'S NAME (First,	A LEAGUE .						18. MOTH	ER'S NA	ME (First, I	Middle, Maide	n Surname)			
Joseph Per		iels					Luc	y F	orbe	S				
19a. INFORMANT'S NAME					G ADDRESS (
Donna LaVe		niels Ric			Amesb			e,	Colu	mbia,	Md.	21044	4	
20er METHOD OF DISPOS 1 → Buriel 2 □ Creme	TION Ion 3 🗆 Rem	noval from State	20b. PLAC of cemetar	E AND DAT	E OF DISPOS	SITION ce)	(Name		DAT				"North	
4 Donation 5 Oth			Brow	wnwoo	d Cem					Gr	eenvi	lle,	Carolina	1
21. SIGNATURE OF PUNE	AL SERVICE LI	CENSEE					D ADDRES			ervice	. In	C .		
Vm	9 11	1/9/	mi,										ton, D.C.	
Sequentially flat conditions to improve the sequential tof the sequential to improve the sequential to improve the sequent	ediate	b. He	CINOM OR AS A CONS OR AS A CONS	EOUENCE C	on:									
cause. Entar UNDERI CAUSE (Disease or In that initiated events resulting in death) LA	Jury 1	1	rydve oppas a cons		PP:									
PART ii. Other algnifi	cant conditio	na contributing to	death but not	t reauiting	in the und	erlying	g cause g	iven In	Part I.		N AUTOPSY	24b	WERE AUTOPSY FIN	
										1 🗆 YES			COMPLETION OF COOP DEATH? 1 YES 2 N	USE
25. WAS CASE REFERRED	TO MEDICAL						ACE OF DE	EATH (C/	heck only o	ne)		1		
1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:		5 XR.	sidence	6 🗆 Othe	er (Specify)				
27. MANNER OF DEATH		26s. DATE Of (Month, I	F INJURY Day, Year)	28b. TII	ME OF		URYAT N	In	26d. DE	SCRIBE HOW	INJURY O	CCURED		
Netural 5 [Pending Investigation		IA	NI	4 M	1 🗆 1		N6		NIA				
3 Suicide 6	Could not be	28e. PLACE (building	of INJURY — At . etc. (Specify)	home, farm,	street, facto	ry, offic	•		28f. LOC	ATION (Street	t and Numbe	er or Rural I	Poute Number, Coli	111
4 Homicide	determined				IH				50	70 A	mesi	bury	1 N. M	de
		SICIAN: To the best of											2, a) and manner as st	OG sted.
29b. SIGMASURE AND TIT	LAM	1 8	6	m	0.		29c. LICE	RZ	MBER 45	(ma)	29d. DA	S/21	(Minth, Day, Year)	
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CAL	ISE OF DEATH (IT	TEM 27) (Typ	e, Print)	1	1		7	-	0/	101	n. 1	
Nill Can	1 4.	CICE, Y	M.U.	500	70/	m	esb	40	44	1,6	olun	noi a	, mai	
מווות עייר וווייי	,, ,,,,	what Deliver	-Thoraga	6									216	44



1. DECEDENT'S NAME (First, Middle, Last)

Claude

Everett

12:50A

2. DATE OF DEATH

August

DAY

		Page
BALTIMORE, MARYLAND 21203-3146	IAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pagr e State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
BALTIMORE,	hours after death. Page 6 may b	ed in by the funeral director, pag or removal.
	24	fille ion,
13146,	executed within	and completely burial, cremat
BOX	ficate be	physician ne prior t
P.O.	eath cert	attending rtal Hygie
VITAL RECORDS, P.O. BOX 13146,	w requires that the d	tificate has been signed by the attending physician and completely filled in by the e State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
VITAL	AN: The lar	tificate has e State Dep

DIVISION

9,1991 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 79 27 217-36-0349 June 91 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Kent Kent and Queen Annes Hospital Chestertown RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10e. STATE 10d, INSIDE CITY MD Kent Millington 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 0 21651 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whits, atc. FORCES? 1 YES 2 1 Never Married 2 Narried Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only high during most of working (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) 8 Farmer Farming must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel Everett Susie Whitlock BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert Everett Millington, MD 21651 20e. METHOD OF DISPOSITION
11 Burisi 2 Cremstion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State 10 Burisi 2 Cremetion 4 Donellon 5 Other (Specify) Asbury Cemetery Millington, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home 370W. Cypress St., Millington MD medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Deeth IMMEDIATE CAUSE (Final the Asystole disease or condition reaulting in death) item 23 shows any injury, or other traumatic event, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in daeth) LAST years PART II. Other aignificent conditions contributing to death but not regulating in 24a. WAS AN AUTOPSY PERFORMED? underlying ceuse given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? 1 TYES 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: estient 2 - ER/Oulpatient 3 - DOA 4 Nur ng Home 5 - Residence 6 - Other (Specify) E HOSPITAL OR ATTENDING PHYSICIAN E FUNERAL DIRECTOR: After this certific d within 72 hours after death with the infiNTANT: If item 28 is marked, or marked, or this certi 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ВУ Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide Ħ 29s CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of szamination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(s) and menner as stated. MPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER BE 물물을 223 2 31. DATE FILED (Month, Day, Year) AUG Le Savidson-Randell 'Q1

DHMH-16 Rev 1/89

U
I
E
Œ
w
0
×
Ä
0
#
2
÷
4
63
\simeq
5
T
0
-
m
H
F
ш
7
14

/ 17 A T)						2, DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH
	RENCE RO						+	g. 26,	1991		10 A.
4. SOCIAL SECURITY NUMBER 213-16-1022	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. lest	YRS.	MONTHS MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	Day, Year)	1916	Countr	PLACE (State or Foreign or)
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN	OR LOCATION OF			9c. COUN	TY OF D	EATH
Frederick Men	norial Hos	spital		Fı	rede	rick			Fı	rede	rick
Md .	Frederick			eder:		FION					10d. INSIDE CITY LIMITS? 1 YES 2X NO
4824B Old Natio	onal Pike				10	1. ZIP CODE 21702				J.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	MED IO	- 1	f yes, sp	CENDENT OF HISP secify Cuban, Mexic 2	can, Puerto		or No-	Black	E — American Indian, k, White, atc. #y: 1te
15. DECEDENT'S EDI (Specify only highest grad		16a. DE	CEDENT'S	USUAL OG	CCUPATIO	ON ost of working	16b	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +) Ma.	labo	se retired.)	•			city g	overi	nmen	t
17. FATHER'S NAME (First, Middle, Last) Joseph He	enry Early	7				18. MOTHER'S N		Middle, Meiden	Sumame)		
19a, INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS	(Street	and Number or Rura	I Route Num	ber, City or Towi	n, State, Zip	Code)	
Richard D.	. Early	440	4824	B 010	l Na	tional	Pike,				. 21702
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rev 4 Donation 5 Cother (Specify)	movel from State	20b. PLACE (of dispo	SITION (Na Cemet	me of co tery	metery, cremetory of 8/29			rsvi		
21. SIGNATURE OF FUNERAL SERVICES	Month	^		22.	Do	onald B.	Thom				ome Md. 21769
		1.6		/	,						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSEC	OUENCE O	F):	hn						1 day
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEC	DUENCE O	F):			n Part i.	24s. WAS AN	AUTOPSY	246	I day
Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSEC	DUENCE O	F):			n Part i.	24a. WAS AN PERFOR	RMED?	246	MAILABLE PRIOR TO
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificant conditions are supported by the conditions of the conditions o	b	(OR AS A CONSEC	DUENCE O	F): F): In tha un	ndariyin 26. P			PERFOR	RMED?	246	COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the conditions of	b	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE O	F): In the un	26. P	ig cause given i	Check only o	PERFOR	RMED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition was case referred to Medical Examiner? 1 yes 2 ho 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE O	F): In the un	26. P	g cause given i	Check only o	PERFOR	MeD?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition was case referred to Medical Examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE O	OTHER	26, P T: sing Hor 28c. IN. W	LACE OF DEATH (Inc. 6 Residence JURY AT DRK?	Check only or	PERFOR 1 YES 2	NJURY OCC	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditio	DUE TO C. DUE TO d. DUE TO d. DUE TO DONA CONTributing to AN CUry S HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O building,	(OR AS A CONSECTION OF THE CON	DUENCE O	OTHER OTHER Nun E OF JURY M street, fact	26. PP 28. PN 1	LACE OF DEATH (Inne 6 Residence JURY) AT DRK? YES 2 NO	28d. DE:	PERFOR 1 YES 2 TO (Specify) SCRIBE HOW II CATION (Street or Town, State)	NJURY OCC	or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditio	DUE TO C. DUE TO d	(OR AS A CONSECTION OF AS A CONS	DUENCE Of DUENCE Of DUENCE Of DOA 28b. Till IN IN In Investigation of the property of the prop	OTHER OTHER OF Num E OF JURY M street, fact	26. PP 28. PN 1	LACE OF DEATH (Inne 6 Residence JURY) AT DRK? YES 2 NO	Check only of a B Other 28d, DE: 28d, DE: 28f, LOC City use to the cane time, date UMBER	PERFOR 1 YES 2 In (Specify) SCRIBE HOW II CATION (Street or Town, State) use(e) and mare and place, an	NJURY OCC	or Rural	MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s
be filed within 72 hours after death with the State Dept, or Health and Mertlal Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ELEANOR T	ERNENT	EVANS			2. DATE OF DEATH MONTH AUG. I	% , 9"	3. TIME OF DEATH 11:30 A
SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) MD
EGLE NURSI		9		ONACONI	EATH	9c. COUNTY	of death LEGANY
esidence of decedent 106. count MD	ALLEGANY	10e. CITY, 1	TOWN OR LOCA	LONACON	ITNG		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
57 JAC	KSON STREE	T	_	1. ZIP CODE		10g. CITIZEN	U.S.
. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, atc.) fy:	e or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
(Specify only highest grade (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) Coffege (1-4 or 5+)	18e. DECEDENT'S US (Give kind of wor. ilfe. Do NOT use n	k done during me	ON ost of working	18b. KIND OF BU	N/A	TRY
ARCHIBALD INFORMANT'S NAME (Type/Print)	M. EVANS			HANNA	AME (First, Middle, Maider AH TERNAN	T EVA	
ELEANOR E, ZE		1014 K	ENNET	H WAY W	Floute Number, City or Tov EST CHES	TER,	PA 19380
METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rem Donation 5 Other (Specify)	noval from State	b. PLACE OF DISPOSIT other place)	ON (Name of ca		20c. LC	DCATION — City BAR	or Town, Blate
SIGNATURI OF FUNERAL SERVICE LA	CENSE	min		ND ADDRESS OF FA	BOAL-V		K FUNERAL
THE R. P. LEWIS CO., LANSING, MICH.			TILL	HURCH	DI. MEDII	ERNPUR	T, MD
shock, or heart failure. MMEDIATE CAUSE (Final	List only one cause on	sach ife	anter the mo	ode of dying, au	ch as cardiac or reap	oiratory arrest	Approximata interval Batwe Onset and Dec
shock, or heart failure. MMEDIATE CAUSE (Final disease or condition eaulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	a. Metata) DUE TO (OR AS DUE TO (OR AS	sach ife	anter the mo	ode of dying, au	ch as cardiac or reap	oiratory arrest	Approximata interval Batwe Onset and Dec
shock, or heart failure. MMEDIATE CAUSE (Final Bease or condition eaulting in death) Sequentially list conditions, f any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST	a. Mefarta) DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	tha underlyin	de of dying, aud	Primy	NAUTOPSY	Approximata interval Betwee Onset and Det 3 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
shock, or heart failure. MMEDIATE CAUSE (Final lisease or condition saulting in death) Gequantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST PART II. Other aignificant conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the conditions are also as a condition of the condition of	a. Mefarta) DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not requiting in	tha underlying	ode of dying, aud	Primy: Part i. 24a, WAS AL PERFO	NAUTOPSY	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MMEDIATE CAUSE (Final disease or condition equiting in death) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of th	a. Metata) DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not requiting in	tha underlying 26. P THER: Defruring Horo	ode of dying, aud	Part i. 24a. WAS A PERFO	NAUTOPSY PRINCE 2	Approximate interval Betwee Onset and Device
shock, or heart feilure. MMEDIATE CAUSE (Final fleease or condition eaulting in death) Sequentially list conditions, fany, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST PART II. Other aignificant condition in the condition of the condition o	a. Mcf4/fa) DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not reaulting in Consequence of the consequ	the underlying the un	ode of dying, aud	Part i. 24a, WAS AI PERFO	N AUTOPSY RMED? 2 19-NO INJURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMO

31, DATE FILED (Month, Day, Year)
AUG 1 9 1991

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

ramo	odica
9	Ē
ation,	the
Crem	vent
burial,	읉
2	Ĕ١
prior	ta
giene	othe
Î	6
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medica
and	-
€	2
Hea	8
6	죑
Dept.	23
State	Item
ap th	0
WITH	Ked,
leath	mar
9 76	90
쁔	28
hours	Ee
2	=
within	TANT
8	8
De f	불

p. --

4	GORD	ON L.	EAKLE						2. DATE OF SMONTH AUGUS!	DEATH DA	1001	YEAR	3. TIME OF DEATH 4:00 P
4. SOCIAL SECURITY NUMBER		6. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDE	1 24 HRS.	7. DATE OF E		, 1, 7, 7		IPLACE (State or Foreign
213-38-4537		1 € M 2 □ F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	March 14,1904			Country)	
90. FACILITY NAME (If not in		44	07		9b. CITY	TOWN (OR LOCAT	ON OF D		14,		NTY OF D	
3526 Woodh	oine S	treet			Ch	evy	Cha	se			. 1	iont	gomery
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY
Maryland	Mo	ntgomery		Ch	nevy	Cha	se						1 NO YES 2 NO
10e. STREET AND NUMBER							. ZIP CO	E			10g. CIT	ZEN OF	WHAT COUNTRY?
3526 Woodbi	ine St	reet					2	0815			Į	J.S.	Α.
11. MARITAL STATUS			NT EVER IN U.S. 10 T						NIC ORIGIN? (S on, Puerto Rice				E — Americen Indian, k, White, etc.
1 Never Married 2 3 Widowed 4 Divo			WAR OR DATES				2 XNO			.,,		Spec	
15. DEC	EDENT'S EDU	CATION		CEDENT'S					16b, KJN	O OF BUS	SINESS/INI	DUSTRY	WILLEE
(Specify oni	ly highest grade 0-12)	completed) College (1-4 or 5	l/fe	ive kind of a Do NOT us	work done (se retired.)	during me	ost of work	ing					
,	,	5+	· .	ttorr	iev					Lav	W.		
17. FATHER'S NAME (First, M		777.5 I			,				ME (First, Midd	le, Maiden			
Clarence I	Eakle						'	Grac	e Sni	vely			
Cornelia E.		ago	19	632 V	ADORESS Veldi	n R	and Number	or or Aural Wilm	Route Number, (De	n, Stete, Zij Lawa 1	Code)	19803
20s. METHOD ON DISPOSIT	TION _		20b. PLACE				(Name		OATE	20c. LO	CATION -	City or To	own, State
1 Donetion 8 Other		noval from State	of cemetary Mt	crematory	or other p	lace)	ator	17	8-26	Δ1,	ex. V	7 Δ	
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	1.44	OUIL C	22.	NAME A	ND ADDR	SS OF F	CILITY				
· mu	chael	2 8.1	Nelson	1					r's So: n Ave.				
resulting in death) Sequentially list condit		LARYNO	O (DR AS A CONSE GEAL CAR O (OR AS A CONSE	CINON OUENCE O	IA D:			-					9 Month
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	ring ury	CDUE TO	OR AS A CONSE	OUENCE O									i
cause. Enter UNDERLY CAUSE (Disesse or Inju- that Initiated events resulting in death) LAS	ring ury st	d											
cause, Enter UNDERLY CAUSE (Disease or Injuthat Initiated events	ring ury st	d				nderlyln	g cause	given in		. WAS AN PERFOR	RMED?	24	AVAILABLE PRIOR TO
cause. Enter UNDERLY CAUSE (Disease or Injet that initiated events resulting in death) LAS PART II. Other significations 25. WAS CASE REFERRED	ent condition	d			in the ur	26. P				PERFOR	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
cause. Enter UNDERLY CAUSE (Dissass or Inju- that initiated events resulting in death) LAS PART II. Other significa	ent condition	d contributing to		resulting	In the ur	26. P	LACE OF	DEATH (C		PERFOR	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Cause. Enter UNDERLY CAUSE (Disease or Injection of the International Control of the International Cont	ant condition TO MEDICAL	d	o deeth but not o	resulting	In the ur	26. P R: sing Hor 28c. IN	LACE OF	DEATH (C	heck only one)	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Cause. Enter UNDERLY CAUSE (Dissess or Injection to Interest Inter	ant conditio	HOSPITAL: 1 Inpatient 2 280. DATE D (Month,	Depth but not a second of the	resulting	OTHE: 4 \sum \text{Nur} M	26. PR: sing Hor 28c. IN W	LACE OF ne 5 1 JURY AT DRK? YES 2	DEATH (C	heck only one) 6 Other (S) 28d. OESCRI	PERFOR	NJURY OC	CCURED	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Cause. Enter UNDERLY CAUSE (Disease or Injection of the Interest of the Intere	ant condition TO MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 negrient 2 28e. DATE D (Month, 28e. PLACE building	□ ER/Outpatient : F INJURY Day, Year) OF INJURY — At hi, etc. (Specify)	B DOA 26b, Till IN. Dome, farm,	OTHEL 4 Nur ME OF JURY M street, fact	26. PR: sing Hor 28c. IN W 1	LACE OF The 5 I I THE TORK? YES 2 THE TORK PROPERTY OF THE TORK PROPERTY PROPERT	DEATH (Callesidence	beck only one) 6 Other (S) 28d. DESCRI 28f. LOCATIC City or 8	PERFOR	NJURY OC	or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
Cause. Enter UNDERLY CAUSE (Disease or Injection in Interest of the Interest o	ant condition TO MEDICAL Pending Investigation Could not be determined TITIFYING PHYSTOLEMANNING	HOSPITAL: 1 Inpatient 2 28e. DATE D (Month, 28e. PLACE building	□ ER/Outpatient : F INJURY Day, Year) OF INJURY — At hi, etc. (Specify)	B DOA 26b, Till IN. Dome, farm,	OTHEL 4 Nur ME OF JURY M street, fact	26. PR: sing Hor 28c. IN W 1	LACE OF ne 5 1 JURY AT ORK? YES 2 ce e and placed death occording to the common series of the common series occording to the common series occordin	DEATH (Callesidence	heck only one) 6 Other (S) 28d. OESCRI 28f. LOCATIC City or it	PERFOR	NJURY OC	or or Rural	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
Cause. Enter UNDERLY CAUSE (Disease or Injection that initiated events resulting in death) LAS PART II. Other signification 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 14 Natural 8 2 Accident 3 Suicide 6 4 Homicide 296. CERTIFIER (Check only one) 2 MED	ant condition TO MEDICAL Pending Investigation Could not be determined INTERVING PHYSION DICAL EXAMIN	HOSPITAL: 1 Inpatient 2 28e. DATE D (Month, 28e. PLACE building	□ ER/Outpatient 3 FINJURY — At he, etc. (Specify) of my knowledge, deexamination end/or	DOA 26b, Tife IN.	OTHEL 4 Nur ME OF JURY M street, fac	26. PR: sing Hor 28c. IN W 1	LACE OF ne 5 1 JURY AT ORK? YES 2 ce e and placed death occording to the common series of the common series occording to the common series occordin	DEATH (Contestion of the contestion of the conte	heck only one) 6 Other (S) 28d. OESCRI 28f. LOCATIC City or it	PERFOR	NJURY OC	or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Route Number,

					5	DIVISION OF VITAL RECORDS		5	_		4	Ľ	۲	ב	ä
1	2	불	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	M	B	ATTEN	DING	PHY	SICIA	12	e lav	v req	uires	that	the
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	2	里	FUNE	N.	DIRE	CTOR	After	this	certifi	cate	has	been	Sign	De De	the
-	8	filed	within	2	hour	s after	death	with	the	State	Dep	t. of	Heal	h an	∑ P
	3	POR	IMPORTANT: If item 28 is marked or item 23 shows any inju-	=	Hem	28	* ma	rkad	00	ilen	n 23	ehe	277	VEC	inin

	1 - STATE REGISTRAR	SIATE OF N	/ MARYLAND Ce				DEAT		MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last	0								OF DEATH			3. TIME OF DEATN
	Elizabeth C. E	ndy							Aug	ust 21		YEAR 991	4:45 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS, MIN.	7. DATE	OF BIRTH		8, BIRTH	HPLACE (State or Foreign
	266-80-0954	1 🗆 M 2 🖵 F	91	YRS.	177				Aug.	1, 19	900	Peni	nsylvania
œ	90. FACILITY NAME (If not institution, give				9b. CITY	, TOWN C	R LOCATH	ON OF DE	ATH		9c. COL	JNTY OF D	DEATH
유	Circle Manor Nur	sing Home			Ke	ensir	ngton				Moi	ntgon	nery
DIRECTOR	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
		tgomery			Roo	ckvi.	lle						LIMITS?
RAI	10a. STREET AND NUMBER	Y				101	ZIP CODE				10g. CIT	TIZEN OF V	WHAT COUNTRY?
FUNERAL	11202 Empire	12. WAS DECEDEN	T EVED IN II C ADI	1450	-			852				_	States
BY FL	1 Never Married 2 Merried 3 X Wildowed 4 Divorced		YES 2XXX			It yes, sp	ENDENT O Icify Cuber 2X NO	n, Mexicar	n, Puerto F	? (Specify Yee licen, etc.)	or No—	Blaci	E — American Indian, k, White, etc. White
G	15, DECEDENT'S ED	UCATION	18e. DE0	CEDENT'S	USUAL O	CCUPATIC	DN		16b	KIND OF BUS	INEGE/IN		WILLCE
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	work done se retired.)	during mo	st of workin	g	100	KIND OF BOS	INCOO/IN	DOSTAT	
MP	12		Но	omema	aker					Owi	n Ho	me	
00	17. FATNER'S NAME (First, Middle, Last)									fiddle, Meiden			
BE	Charles Yestedt									nbilha			
5	Joan E. Jenkins		196	L202	Emp	ire]	nd Number Lane,	or Rural R	ckvil	er City or Town	state, Zi	ip Code) and	20852
	20e. METNOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremetion 3 🗆 Res 4 🗆 Donetion 5 🗀 Other (Specify)	novel from State	20b. PLACE A camatary, cren	netony or o	ther placel			k 8/	24 /Q			Cify or To	wn, State Florida
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	bouch	CIII	22.	NAME AN	O ADDRES	S OF FAC	SUITY				
	Rabunt	MC	00198	Ro	ber Beth	A. esda-	Pump	ohrey Vy Ch	Funer	cal :	Home,	/ 20814-3501	
	23. PART I. Entar the dispases, or ahock, or heart fallure	complications that	ceueed the det	th. Do r	Dt enter	tha mod	de of dyle	ng, auch	as card	iec Dr reapir	atory ar	reet,	Approximete
	IMMEDIATE CAUSE (Fine)	List billy bile cou.	ee on each inte.										Intarval Batween Onset and Daath
	disease or condition resulting in death)		monia, c			unkr	nown						2 days
_		DUE TO	(OR AS A CONSEO	UENCE OF	ጉ :								
S.	Sequentially list conditions, If any, leeding to immediate	b. DUE TO	OR AS A CONSEC	UENCE OF):								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C.											1
E	that initiated evente	DUE TO (DR AS A CONSECU	UENCE OF	7):								
CERTIFICATION	resoluting in death) EXST	d,											
7	PART II. Other aignificent condition	ne contributing to	deeth but not re	eulting i	n the un	deriying	cause g	iven in F	Part i.	24e. WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL	Alzheimers									PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME													OF DEATN? 1 YES 2 NO
ä													
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)			
PHYSICIAN: MEI	1 VES 2XXNO 27. MANNER OF DEATH	1 Inpatient 2		- 1	4 X Nun	ing Nome	5 🗆 Res						
BY PI	1 XXIvatural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, Da		28b. TIMI	URY M	28c. INJL WOF 1 Y			28d. DE\$	CRIBE NOW IN	JURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At home. (Specify)	ne, term, s	treet, facto	ory, office			28t, LOCA City o	TION (Street en r Town, State)	d Number	or Aural A	loute Number,
9	29a. CERTIFIER 1 K) CERTIFYING PHYS	ICIAN: To the heat of											
COMPLETED	(Check only one) 29a. CERTIFIER 1	ER: On the basis of ex	emination end/or in	th occurre	of art the ti	me, date i pinion, de	end place, eth occure	end due to d at the ti	o the ceus	e(e) end mann and place, end	due to th	ted. re ceuse(e)) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R	13				29c. LICE	ISE NUME	BER		29d. DAT	E SIONED	(Month, Day, Year)
2	Lewe	Mal	city 1	10			D052	56			Au	igust	22, 1991
	30. NAME AND ADDRESS OF PERSON WI												
-	Lewis N. Cahill 31. DATE FILED (Month, Day, Year)	M.D., 54	111 Ceda	r La	ne #	202A	, Be	thes	da,	Maryla	nd	2081	4
	AUG 23 '91	gulia 1	S SIGNATURE	and a R									
	DUV L / JI			-			_						

letache		nce.
90		ta
PIN		pa
sho		E I
e 5		e no
pag		i p
irector.	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
D Le		ine
funer		шехаш
the	Oval	Te :
6	rem	edic
led	0,	Ē
ly fill	ation	#
npietel	creme	vent,
000	rial,	0
and	D DC	nati
Cian	ior to	na.
Spring	e pr	er t
ing ;	vgien	e e
tend	HE	6
ne at	Ment	5
by th	Pu	in /
ped	Ith a	amy
Sign	문	WS
been	t. of	\$P
has	Ded	123
cate	State	Her
ertifi	the S	5
nis c	th.	ced.
ther th	ath v	шаф
A: A	er de	.00
6	afte	28
DIRE	HOURS	tem item
ZAL.	2	=
NE	thin	H
H	M P	F
F	e file	APO
=	2	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

01 21

FOR STATE REGISTRAR		STATE OF M				F HEALTH /		NTAL HYGI REG.		91	24674
1. DECEDENT'S NAME (First, I	ne		Elmhol	t				DATE OF DEATH MONTH August	DAY 18, 19	PAR	3. TIME OF DEATH P M
4. SOCIAL SECURITY NUMBE 297-14-3110	A	5. SEX 1 M 2 F	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER 1 YE		MIN.	Month, Day, Year	r)	Country	PLACE (State or Foreign
9e. FACILITY NAME (If not insi	itution, give	atreet and number)			9b. CITY, TO	VN OR LOCATIO		The second second		NTY OF DE	
1001 RockV		Pike, #15	23		Roc	kville			Мо	ontgo	mery
Maryland	10b. COUNT	ntgomery		10c. CIT	Rockvi						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER						10f. ZIP COOE			10g. CIT	ZEN OF W	HAT COUNTRY?
1001 Rocky	/ille	Pike, #1	523			20	852		Uni	ited	States
11. MARITAL STATUS 1 Never Married 2 A 3 Widowed 4 Divorce		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2		If yes		, Mexicen, 1	ORIGIN? (Specify Puerto Rican, etc.		14. RACE Black, Specify	— American Indian, White, etc. White
15. DECE (Specify only Elementary/Secondary (0-				OECEDENT'S (Give kind of tille), Do NOT ut	USUAL OCCUI work done durin se retired.)	PATION g most of working	7	16b. KINO OF	BUSINESS/INC	DUSTRY	
		3		Home	emaker				Own I	Iome	
17. FATHER'S NAME (First, Mic	dle, Last)					16. MOTH	ER'S NAME	(First, Middle, Ma	iden Sumame)		
James V	/erno	n Kopa	acka			Es	ther	Flo	orence		Burianek
19a. INFORMANT'S NAME (Ty) Annette Eli		George						ne Number, City or Baltimo:			d 21206-412
20a, METHOD OF DISPOSITIO		moval from State	of cemeta	CE AND DAT	E OF OISPOSIT	ION (Name		OATE 200	LOCATION —	City or Tov	vn, Stata
4 Donation 5 Other (ICENSEE			Cemet		8/	24/91 C	levela	nd, (Ohio
Barbara		/		0381	Rot Bet Ave	ert A. hesda- nue, B	Pump Chevy ether	hrey Fu Chase da, Mai	ineral Inc. ryland	Home 755 208	/ 74Wisconsin 14-3501
23. PART i. Enter the disabook, or he iMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLYIE CAUSE (Disease or injurthat initiated events resulting in death) LAST	ent fallure	a. CASTR DUE TO (ee on aech i	SEQUENCE O	NAL SM PFI:						Approximate Interval Between Onset and Death AC UTE
PART ii. Other significan	t condition	one contributing to	death but no	ot resulting	in the Under	lying couse g	liven in Pa	PEI	S AN AUTOPSY REFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					6. PLACE OF DE	EATH (Check	r only one)			
EXAMINER?		HOSPITAL:	ED/Outpetlest	2 □ 004	OTHER:	1 5 a					1000
27. MANNEB-OF DEATH		26e. DATE OF	INJURY	26b. TIR	WE OF 28	: INJURY AT		Other (Specify)		CURED	
2 Accident	Pending nvestigation		791	1		WORK? YES 2	_	FOUND	IN		THROOM
	could not be letermined	building,	etc. (Specify)	Home, rarm,	street, factory,	OTTICE	l'	City or Town,		10	loute Number,
Secondary Street		SICIAN: To the best of) and manner as stated.
296. SIGNATURE AND TITLE	2	-/4	/	18			NSE NUMB				(Morith, Day, Year)
Alle	eed	um	4/1	W	2	De	070	99		5-2	0-91
FRANCIS C	MA	WHO COMPLETED CAUS	. 5		AUE	Ber	45	be n	42	081	43122
31.AUG 22097	bar)	Julia Davids	R'S SIGNATUR	400.							

OHMH-16 Rev 1/89

UNISION OF VITAL RECORDS, F.C. BY THOUSE THE PROPERTY OF THE PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fig. BRAZI DIRECTOR, After this certificate has been signed by the attending physician and completely filled in 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or 17: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m	מאבווואסחב, ואקחובקוום	rurs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detache r removal.	nedical examiner must be notified at once.	
PINION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the CTRO. DIRECTOR, After this certificate has been signed by the attending physician and completed in T2 hours after death with the State Dept. of Health and Mental Hygiene prior to build, crem: T: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,		N. A.	ly filled ation, o	the n	
TO THE HOS TO THE FUN De filed with	DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEP. CERT	PARTMENT OF HE		IENTAL HYGIENI		7 1	240/3)
	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3.	TIME OF DEATH	
	RAYM	IOND	FREEMAN		Aug. 3,199			3:38 PM M	
	4. SOCIAL SECURITY NUMBER 5. SE	Male 6. AGE (In yrs. last birthd	MONTHS DAVE	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. B	HRTHPLA Country)	CE (State or Foreign	
		M 2 🗆 F 77 YR	S.	M	Mar 17, 19	14 Ma	aryl.		_
~	9e. FACILITY NAME (If not institution, give street and		-1.1	R LOCATION OF DEA		9c. COUNTY			
10	Meridan (Corsica Hil	ls) Nursing Cent	ter Centro	eville, l	Md.	Queen	Anne)	4
EC	10e. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCATIO	ON			100	I. INSIDE CITY LIMITS?	
9	Maryland Kent		Lynch				3 4[YES 2 NO	
MI	100. STREET AND NUMBER		101.	ZIP COOE		10g. CITIZEN		COUNTRY?	
FUNERAL DIRECTOR	1	0. Box # 7)		21646			SA		_
	11. MARITAL STATUS Widowed 12. W	AS DECEOENT EVER IN U.S. ARMED ORCES? 1 YES 2 NO	If yes, spec	city Cuban, Mexican,				American Indian, hite, etc.	
BY	3 Widowed 4 □ Divorced	YES, GIVE WAR OR DATES	1 TES 2	2 NO Specify:	No		Specify: Wh	nite	
0	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16e. DECEDEN	NT'S USUAL OCCUPATION	N • ad sampleling	16b. KIND OF BUS	INESS/INDUST	RY		٦
E	Elementary/Secondary (0-12) Colle		d of work done during most OT use retired.) ck Driver	FOR WORKING	Various				
COMPLETED	9	1100	K DITAGE						_
	17. FATHER'S NAME (First, Middle, Last) Edward Timothy	Froman		Annie C	ME (First, Middle, Maiden	Sumerne)			
BE	19a. INFORMANT'S NAME (Type/Print)		LING ADDRESS (Street en			- Come 7in Cox	fa l		4
유	William Freeman (Son		# 561 (P.C						
	200, METHOD OF DISPOSITION	20b. PLACE OF DIS	SPOSITION (Name of come			CATION — City		State	
	Buriel 2 Cremetton 3 Removal from Donetton 5 Other (Specify)	Still Po	ond Cemeter	y (8/6/9	91) Sti	11 Pond	1, M	d	
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE	1 1 10	22. NAME AND	D ADDRESS OF FAC		P.O. B	av d	26%	
	1 + H 1) W:	in Wolls	J. Wi	llis Wel:	ls Cheste				
	23. PARVI Enter the diseases, or compli							Approximate	
	shock, or haert fallure. List or IMMEDIATE CAUSE (Finel	- · · · · · · · · · · · · · · · · · · ·	5		_			Onset and Death	
	disease or condition resulting in death)	Cardio	Magica	Jorg -	tailier	C		15 crean	
		OUE TO (OR AS A CONSEQUENCE PROB. YEAR.	E OF):	C-10					
ON	Sequentially ilet conditions, b.	OUE TO (OR AS A CONSEQUENCE	Teut	CUB					_
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	and to fall be to animed anim	.E 0. j.						
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENC	Œ OF):					ļ	
F	resulting In death) LAST							<u> </u>	
2	PART II. Other significent conditions cont	tributing to death but not recuit	ing in the underlying	ceuse given in f	Pert I. 24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	-
CAL					PERFOR	RMED?	CO	AILABLE PRIOR TO IMPLETION OF CAUSE	
ED					1 YES 2	DMO		DEATH?	
2					_			3 .20 .2	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF OEATH (Chec	ck only one)				
SIC	1100	SPITAL: Inpatient 2 - ER/Outpatient 3 - DO	OA 4 Aursing Home	5 - Residenca 6	6 Other (Specify)				
F		28e. DATE OF INJURY (Month, Day, Year) 28b.	TIME OF 26c. INJU	RK?	28d, DESCRIBE HOW I	NJURY OCCUR	ED		
B	1 Natural 5 Pending 2 Accident Investigation			ES 2 NO					_
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, fa building, etc. (Specify)	rm, atreet, fectory, office	'	26f. LOCATION (Street e City or Town, State)		łurai Flouti	Number,	
COMPLETED	29e. CERTIFIER								4
MP	(Check only CERTIFYING PHYSICIAN: I	To the best of my knowledge, death oc the basic of examination end/or investi					usefe) en	vi manner ee stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER	the date of examination ender invegto	geton, in my opinion, de						
H	W Dun	2		D-00354	BER	Aug.		onth, Day, Year) 1991	
임	30. NAME AND ADDRESS OF PERSON WHO COM	PLETEO CAUSE OF DEATH (ITEM 27)	(Type, Print)	D-00334		- Aug.		1991	-
- 1			tertown, Mo	d. 21620					
0		32. REGISTRAR'S SIGNATURE	•			****			_
7)	AUG 05 '01	Sulia Saindron-Randa	82.						

1-		1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT	OF HEALTH AND	MENTAL HYGIE REG. NO		91 2461
		1. DECEDENT'S NAME (First, Middle Lest)	Edmond Bur			2. DATE OF DEATH MDNTH		7EAR 0 /3 >
~	1	4. SOCIAL SECURITY NUMBER 176-05-7232	5. SEX 6. AGE (In yrs. le	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. T	BIRTHPLACE (State or Foreign Country) Hanover, PA
(E)	3	98. FACILITY NAME (If not institution, give a	treet and number)		TOWN OR LOCATION OF D	DEATH	Sec. 140.2	rof DEATH ltimore
1	DIREC	Pa. 10b. COUNT	YORK	10c. CITY, TOWN O		nover		10d. INSIDE CITY LIMITS? 1 FES 2 NO
n. ansit permit	FUNERAL	104. STREET AND NUMBER FOAK ST		(*)	101. ZIP CODE	31	USA	N OF WHAT COUNTRY?
5-0020 ding physicia the burial-tr	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	NO If	MS DECENDENT OF HISPA yes, specify Cuben, Mexic YES 2 X NO Speci	NIC ORIGIN? (Specify Youn, Puarto Rican, etc.)	es or No 14	Black, White, atc. Specify: WHITE
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL OC 3Ne kind of work done d e. Do NOT use retired.) USTRIALIST	uring most of working	Hanove	usiness/indus r Wire f Hanov	Cloth
RYLAP od by the h	6 III	17. FATHER'S NAME (First, Middle, Last)	Edmond A. Fro			AME (First, Middle, Malde) ian Huff		
2 8	2	190. INFORMANT'S NAME (Type/Print) Rebecca B. Frock 200. METHOD OF DISPOSITION			(Street and Number or Rural			
ALTIMORE, death, Page 6 may be funeral director, page		1X Burlel 2 □ Cremetion 3 □ Remi 4 □ Donetion 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	cemetery, co	and date of disposition of the d	emetery	9/5/91	Hanove	or Town, State Pr, PA
. 9 =		· C. Bu	in Powell	El	ine Funeral	11824 Home Reis	tersto	erstown Rd. wn, Md.21136
24 hours filled in the		23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	DIPPLICATIONS that caused the deliant Drilly Drie cause on each line. A 3-1 bit Club Constant Tourist		0		iratory arreat	t, Approximate interval Between Onset and Daati
P.O. BOX 68: th certificate be execute ending physician and co i Hygiene prior to buria	RTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	U		han	
RECORI that the been signed by it. of Health and the shows any it.	MEDICAL	enderatifis	/	reaulting in tha und	arlying cause given in	Part I. 24a. WAS AF PERFO 1 TYES	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
F VITAL SICIAN: The law certificate has the State Dep	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 X Inpatient 2 ER/Outpatient 3	DOA 4 Nursi	28. PLACE OF DEATH (Ch			
ON OF V DING PHYSICIA After this certif death with the	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		16c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
DIVISION OR ATTENDING F DIRECTOR: After t hours after death		3 Suicide 6 Could not be 4 Homicide datarmined	26s. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, street, factor	y, offica	261. LOCATION (Street City or Town, State	and Number or F	Bural Route Number,
SPITAL OR A VERAL DIRECT NIN 72 Hours VIT: 16 Hours	5	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE CHAPTER O	CIAN: To the best of my knowledge, de	eath occurred at the tim	e, data and place, and due nion, death occured at the	to the cause(s) end ma	nner as stated,	suse(s) and manner es atated.
TO THE HOSPITAL (TO THE FUNERAL D DE fled within 72 h MADORTANT: IF IN	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Sun F	Stident	29c. LICENSE NUM			GNED (Month, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)				1-1-1
		31. DATE FILED (MAPPIN DON YEAR) 9 191	32. REGISTIAR'S SIGNATURE	- Fandell				

FOR STATE REGISTRAR		CERTIFIC	AIE OF	DEATH		REG. NO.		
OECEDENT'S NAME (First, Middle, Last)	Friend				2. DATE OF MONTH	DAY	YEAR	
Huston Henry Social Security Number 5. Sex		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	24 BIRTH	1991	L 10:45 A M
215-34-4894 1⊠™	12 [F 8	3 YRS.	ONTHS DAYS	HOURS MIN.	(Month, D	ay, Year)	Mar	vland
a. FACILITY NAME (If not institution, give street and i				OR LOCATION OF DE	ATH	255	OUNTY OF	
Garrett Co. Memorial	Hospita		0aklan	đ		68	arret	t
Maryland Garrett			endsvil					10d. INSIDE CITY LIMITS?
00. STREET AND NUMBER		11110	-	f. ZIP CODE	-	10g.	CITIZEN OF	1 YES 2 NO
Route 1, Box 280				21531			U	SA
Never Married 2 N Married FOF	B OECEDENT EVER RCES? 1 YES ES, GIVE WAR OR I	2 NO	If yes, sp	CENOENT OF NISPAN becity Cuben, Mexical 5 2 XNO Specify	n, Puerto Rica		Ble	ACE — American Indian, ack, White, etc. ec/ly:
15. DECEDENT'S EDUCATION (Specify only highest grade complete.	n	16a. DECEDENT'S US	BUAL OCCUPATION done during me		16b. KI	ND OF BUSINESS		
	e (1-4 or 5 +)	Ille. Do NOT use I	retired.)	oot or working	_			
7. FATHER'S NAME (First, Middle, Last)	_	<u> Farmer</u>		18. MOTNER'S NA		arming	ne)	
Richard H. Friend						Sisler	,	
Da. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street	end Number or Rural I	Poute Number,	City or Town, State,	, Zip Code)	
Opal V. Friend				280; Frie	endsvi	T		
Da. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from	n State	other piece)		,, , ,		20c. LOCATION		
☐ Donation 5 ☐ Other (Specify)	I R	Blooming Ro	SA CAM	otory		I Enion	Irvah	le, Maryland
1. SIGNATURE OF FUNERAL PERVICE LICENSEE			22. NAME A	ND ADDRESS OF FA	CILITY	<u> Friend</u>	434.1.1	
1. SIGNATURE OF FUNERAL PERVICE LICENSEE	Mew.	noer	Newma 155 M	nd Address of FA n Funera ain Stree	l Home et; Gr	s, P.A. antsvil	le, M	ID 21536
3. PART I. Entar the diseases, or complications, or heart failure. List only MMEDIATE CAUSE (Final lisease or condition	Pero cause on evere chr	Me O	Newma 155 M	ND ADDRESS OF FA n Funeral ain Stree ode of dying, suc	Home et; Gr	s, P.A. antsvil	le, M	
23. PART I. Enter the diseases, or complice shock, or heart failure. List oni MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, ferry, leeding to immediate	etions thet cause y one cause on evere chr	ed the death. Do not seeh line.	Newma 155 M	ND ADDRESS OF FA n Funeral ain Stree ode of dying, suc	Home et; Gr	s, P.A. antsvil	le, M	D 21536 Approximate interval Batween Onset end Deeth chronic
23. PART I. Enter the diseases, or complice shock, or heart failure. List onlime in the disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING c.	etions that cause on evere chr DUE TO (OR AS	ed the death. Do not seeh line.	22. NAME A NEWMA 155 M	ND ADDRESS OF FA n Funeral ain Stree ode of dying, suc	Home et; Gr	s, P.A. antsvil	le, M	D 21536 Approximate interval Batween Onset end Deeth chronic
23. PART I. Enter the diseases, or complice shock, or heart failure. List onlimmeDIATE CAUSE (Final	etions that cause on evere chr DUE TO (OR AS	ed the death. Do not each line. Conic obst: A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	22. NAME A NEWMA 155 M t anter the mo	ND ADDRÉSS OF FA n Funeral lain Street pode of dying, such	Homeet; Gr has cerdled ry dis	s, P.A. antsvil	le, M	D 21536 Approximate interval Batween Onset end Deeth chronic
23. PART I. Enter the diseases, or complice shock, or heart failure. List only MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the condition	etions that cause on evere chr DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO TO TO TO TO TO TO TO TO TO TO TO TO	ed the death. Do not aech line. Conic obst: A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in nemorrhage	22. NAME A NEWMA 155 M tenter the more tive the underlying the underlying 26. POTHER:	ND ADDRESS OF FAN T FUNERAL STREET ST	Part I. 2	s, P.A. antsvil correspiratory sease	le, M	Approximate interval Batween Onset end Deeth chronic (end star
23. PART I. Enter the diseases, or complice shock, or heart failure. List only MMEDIATE CAUSE (Final lisease or condition sesuiting in death) Sequentially list conditions, f erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events essuiting in death) LAST PART II. Other significant conditions contributed anemia, gastrointe anemia, gastrointe EXAMINER? 1 YES 2 X NO HOSEICAL HOSEICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do not sech line. CONIC OBST: A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in nemorrhage	22. NAME A NEWMA 155 M tantar tha more ructive the underlying the	ND ADDRÉSS OF FAN T FUNCTATION TO THE PURPLE OF DEATH (Charles 5 Residence	Part I. 24 eck only one) 6 □ Other (5	s, P.A. antsvil correspiratory sease	le, M	Approximate interval Batween Onset end Deeth Chronic (end star) Reb. Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, or complice shock, or heart failure. List only MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, or feny, leeding to immediate sause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST PART II. Other significant conditions control anemia, gastrointe anemia, gastrointe sause. Examiner? 1 Yes 2 X NO 7. MANNER OF DEATH 1 Netural 5 Pending investigation	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do not sech line. Conic obst: A consequence of: A consequence of: A consequence of: but not resulting in nemorrhage	22. NAME A NEWMA 155 M t antar tha more ructive the underlying the	ND ADDRÉSS OF FAN FUNCTA AIN Street Date of dying, such that the pulmona are p	Part I. 20 cck only one) 6 Other (S	S, P.A. antsvil correspiratory Bease Ha. WAS AN AUTOP PERFORMED? YES 2X NO	le, M	Approximate interval Batween Onset end Deeth chronic (end star
23. PART I. Enter the diseases, or complice shock, or heart failure. List only MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, or feny, leeding to immediate sause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST PART II. Other significant conditions control anemia, gastrointe anemia, gastrointe sause. Examiner? 1 Yes 2 X NO 7. MANNER OF DEATH 1 Netural 5 Pending investigation	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	d the deeth. Do not sech line. CONIC OBST: A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in nemorrhage stpetient 3 ½ DOA 4 28b. TIME INJUS	22. NAME A NEWMA 155 M t antar tha more ructive the underlying the	ND ADDRÉSS OF FAN FUNCTA AIN Street Date of dying, such that the pulmona are p	Part I. 24 eck only one) 6 Other (S 266. DESCR	s, P.A. antsvil or respiratory sease A. WAS AN AUTOP PERFORMED? YES 2 X NO	le, M	Approximate interval Batween Onset end Deeth chronic (end star
23. PART I. Enter the diseases, or complicion shock, or heart failure. List only MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control anemia, gastrointe anemia, gastrointe (T. MANNER OF DEATH) 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 1 In Ing. 1 X MANNER OF DEATH 1 X MANNER OF DEATH 1 X Matural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS DUE TO	ad the death. Do not each line. CONIC OBST: A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in nemorrhage A consequence of the lin	22. NAME A NEWMA 155 M t enter the more tive the underlying the un	ND ADDRESS OF FAN FUNCTAL STREET FUNCTION FUNCTAL STREET FUNCTION FUNCTAL STREET	Part I. 24 eck only one) 5 Other (S 261. LOCATI City or	S, P.A. antsvil correspiratory Gease A. WAS AN AUTOP PERFORMED? YES 2X NO	le, Me srrest,	Approximate interval Batween Onset end Deeth Chronic (end star) Pab. Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incompletely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year) 1991

32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

· 65

P.
200
~
₹.
_
1
m
13146,
×
BOX
=
ш
_
\sim
0
۳.
Α.
-
m
97
$^{\circ}$
RECORDS
~
-
\circ
\sim
63
\sim
ш
_
III
_
- 1
_
-
-
VITAL
-
-
_
-
11
OF
\sim
7
4
ISION
0
CO
40

באביווווסוור, וווטרוו באות	fter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached oval.	ai examiner must be notified at once.
DESIGN OF VICE PECCHES, T.C. BOX 13146,	TO THE HOSPITE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerous after death. Page 6 may be retained by the hosp	TO THE FUNE DAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached that and the standard that is the companion of removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	ERTIFICATE	OF DEAT	TH .		DEC NO

FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTM				GIENE 3. NO.	91	2467
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	year 3. TIME	OF DEATH
ANNA M	ARIE 1	ritz			Aug		91 2:0	25 PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	()	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		8. BIRTHPLACE (S Country)	State or Foreign
216-03-9109	1 □ M 2 💢 F	94 YRS.	DAYS DAYS	HOURS MIN.	7/11/1	897	Maryl	and
Da. FACILITY NAME (If not institution, give s			b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH	
Carroll Luther			Westm	inster		Car	roll	
On. STATE 10b. COUNT		10c. CITY, 1	TOWN OR LOCA	TION				SIDE CITY WITS?
MD Car	roll		Westm	inster			1 🗌 YI	ES 2 NO
0e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZ	EN OF WHAT CO	UNTRY?
200 St. Luke C	ircle			21157		U.	S.	
1. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			ENDENT OF HISPAN ecity Cuban, Mexica		cify Yee or No-	14. RACE — Amer Black, White,	rican Indian, atc.
Never Merried 2 Married Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specify			white	
15. DECEDENT'S EOU	0.7701		1		L and traum	1		
(Specify only highest grade		18a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo etired.)	ost of working	166, KIND	OF BUSINESS/IND	USTRY	
7		worker/	seams	tress	West	minste	r Knit	Co.
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Malden Surname)		
Dawson Ecker				Grace	Keef	er		
De. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DORESS (Street	and Number or Rural			Code)	
Mr. Francis P.	Fritz	2 Qui	ntal	Drive.	Westmi	nster.	Md.	21157
METHOD OF DISPOSITION	21	b. PLACE OF DISPOSIT				20c. LOCATION — C		
A Burial 2 ☐ Cremation 3 ☐ Ram ☐ Donation 5 ☐ Other (Specify)	oval from State	other place)	k Cem	eterv		Uniont	own. M	d.
I. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF FA	CILITY			
)				tts Fun				
Robert K. P				Washin				ter. M
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. DUE TO (OR AS	A CONSEQUENCE OF):	20,	dual	()	elcei		ntarval Batween Inset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
PART II. Other algnificant condition	d	but not reaulting in	tha undariyir	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	AVAILAE COMPLI OF DEA	
							1 🗆 YI	ES 2 NO
- MAC 0105 BEFFERENCE								
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER!	LACE OF OEATH (C/				
1 YES 2 HO	1 Inpetient 2 ER/Ou	sipatiant 3 DOA 4	Nursing Ho	ne 5 🗌 Rasidenca	_			
7. MANNER OF DEATH 1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)		RY W	JURY AT ORK? YES 2 NO	28d. DESCRIB	E HOW INJURY OCC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJU- building, atc. (S)	RY — At home, farm, str secify)	eet, factory, offi	ca	28f. LOCATION City or Tow	(Street and Number In, State)	or Rural Route Nu	mber,
const.	SICIAN: To the best of my kno							anner sa stated.
ON BIGHATURE AND TITLE OF CERTIFIE	n /		1	29c. LICENSE NU	MBER	29d, DAT	E SIGNED (Month,	Day, Year)
(Max X)	ansh	_ 1	w)	8-28-	91
0. NAME AND ADDRESS OF PERSON W	HO COMPLETED DAUSE OF	DEATH (ITEM 27) (Type, F	Print)					
AUG 2991	32. REGISTRAR'S SH Juna Davidson					· · · · · · · · · · · · · · · · · · ·		

un a va an ativ na avii

	, 3 should		
	ges 1, 2		
TO THE HOSPITAL OR AITENDING PHYSICIAN! The law requires that the deam certuries be executed within the cours after death. Page o may be retained by the indispital of attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTIF	RTMENT OF HEALTH AND I	MENTAL HYGIENE 9	11 24679					
	1. DECEDENT'S NAME (First, Middle, Last)	FOUST S	S.R.	2. OATE OF DEATH DAY	3. TIME OF DEATH					
-	1-	SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) () 5-30-14	B. BIRTHPLACE (State or Foreign Country) UD. CG W (MA)					
A.	Be. FACILITY NAME (If not institution, give street	and number) NOR EXT CARE	96. CITY, TOWN OR LOCATION OF DE	EATH 9c. COUNT	Y OF DEATH					
5	RESIDENCE OF DECEDENT		I CIVITOD, I	110, 11,	<i>P.</i>					
DIRECTOR	10e. STATE 10b. COUNTY	- 100°C	TY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
	10e. STREET AND NUMBER		101. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?					
FUNERAL	9106 tinevi	ew LN	2073	SU	. S.					
BY FUI	11. MARITAL STATUS 1 □ Never Merried 2 □ Merried 3 ☑ Wildowed 4 □ Divorced	. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAR II yes, specify Cuban, Maxica 1 YES 2 NO Specify	nn, Puerto Rican, alc.)	A. RACS — American Indian, Black, White, etc. Specify:					
E	15. DECEOENT'S EDUCATI (Specify only highest grade com	ON 16a, DECEDENT'	S USUAL OCCUPATION	16b. KINO OF BUSINESS/INDU	STRY					
E		college (1-4 or 5 +)	f work done during most of working use retired.)	- 1	6.					
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	19.	60rem	ME (First, Middle, Maiden Surname)	1100					
ECC	Donnis	Fauct	16. MOTHER S NA	me (Pist, mioge, maroen surname)	O-Kan					
00	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	IG ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip (Code)					
2	Charlotte A.	Tradle 5706	Brookhoven	ct. aron p	[1] Md. 2014					
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal	from State 20b. PLACE OF DISPO	OSITION (Name of cemetery, crematory or	200. LOCATION - C	lly or fown, State					
	4 Donation 5 Other (Specify)	Harmon	22. NAME AND ADDRESS OF FA	leit bankav	ver /1/1					
	MAUNUAL	a allera (A)	and the second of the	W.W. Cha	my sers					
	M.M. CM	merere ou	91517 1146 5	T. J.L. Was	hy D.C.					
		t only one cause on each line.	not enter the mode of dying, euc	th as cardiac or reapiratory arre	Intervel Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sente May	cardial,	parchion	Onaat and Deeth					
		DUE TO (OR AS A CONSEQUÊNCE	OF) - 0	01:	14.00					
CERTIFICATION	Sequentially list conditions, flar to item as a consequence of									
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or Injury									
TIE	that initiated events	DUE TO (OR AS A CONSEQUENCE	OF);							
EH .	t date of the second									
CAL	PART II. Other aignificant conditions c	ontributing to death but not resulting	in the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
	1 Yes 2 NO COMPLETION OF CAUSE									
MED	Cong	estive luce	of facture	e	1 TES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	hook only one)						
SICI	EXAMINER?	OSPITAL:	OTHER: 4 Nursing Home 5 Residence							
H	27. MANNER OF DEATH	28a. DATE OF INJURY 26b. TI	IME OF 26c. INJURY AT	26d. DESCRIBE HOW INJURY OCC	URED					
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, rear)	M 1 YES 2 NO							
9	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm building, atc. (Specify)	, street, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,					
COMPLET		N: To like best of my knowledge, death occu	rred at the ilme, date and place, and du	s to the cause(s) and manner as state	d.					
SON S	0199) 2 MEDICAL EXAMINER: (On the besis of examination and/or investigat	tion, in my opinion, death occured at the	time, date and place, and due to the	cause(a) and manner as stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	no or	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Yber)					
2	30. NAME AND ADDRESS OF PERSON WHO'C	OMPLETED CAUSE OF DE THE STATE OF CO.	delle !!	5010	117/9/					
	HYOK. IEE KA	D 1610 IACUS	T GLEV DR N	SITEGEREVILLE	END DONIK					
	1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1 1 2 2 10 1		J17. 40 110					
	AUG 27 1991	Julia Davidson-Randa	22							

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within HE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat ORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, it	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22. Juns after death. Page 6 may be retained by the hospital or attending I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 1 he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--	--

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.	,	LTOO	
1. DECEDENT'S NAME (First, Middle, Last)	3				2. DATE OF OEATH 3. TIME OF OEATH				
marquerit	E W. FC	STER			MONTH	17	91	12-29 M	
4. SOCIAL SECURITY NUMBER 5777-48-3583			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BI (Month, Day,	Your)	Country)	ngton, D.C	
90. FACILITY NAME (I not institution, gives at 1500 FOREST ALS	sputal of Sile	Joseph Spring	CITY, TOWN O	R LOCATION OF DE	Sprin	9c. COUN	TY OF DEAT		
19 STATE 10 P of 10b. COUNTY		. 2	OWN OR LOCAT		D.C.			d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	of N.W.			ZIP CODE		10g. CITIZ		T COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DEC	20011 ENDENT OF NISPAI	NIC ORIGIN? (So	ecify Yea or No-	14. BACE -	American Indian.	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp	2 NO Specif	en, Puerto Ricen,	, atc.)	Specify: Neg	American Indien, /hite, etc.	
15. OECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo		16b. KINI	O OF BUSINESS/INDU	JSTRY		
Elementary/Secondary (0-12) 1 2	College (1-4 or 5+) 5+	Professor			How	ard Unive	rsit	7	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		, Maiden Surname)	1010		
Henry Thomas				Clara	Henry	States 150			
19e. INFORMANT'S NAME (Type/Print)						Ity or Town, Stete, Zip			
Barbara J. Colem					W. Was	hington,			
20st/METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remark 4 Donation 6 Other (Specify)	oval from State	cother place) Lincoln Me	on (Neme of ce emorial	netery, cremetory or . Cemeter	cy	Suitland			
21. SIGNATURE OF FUNERAL SERVICE LIC	engen on		22. NAME A	ND ADDRESS OF FA	CILITY				
23. PART /. Enter the diseases, or c	Bold	_	7400	Georgia	Ave. N	vice, Inc .W. Washi	ingto	n, D.C.	
Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS ATHEROSC	A CONSEQUENCE OF):			WAR	- DISG	ASE.	Interval Between Onaet and Death	
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
PART II. Other algorificant condition Personal Condition Persona	dation	Presme		g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	Al Co	TERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
	7	7 / / / / / /					1	_ ,25 2 _ 110	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (C		ec/fv)			
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN.	JURY AT DRK?		BE HOW INJURY OCC	CURED		
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	Y — At home, farm, atre				N (Street end Number wn, State)	or Rural Rou	te Number,	
(Oriect Oriny	CIAN: To the best of my kno				At we seemed			and menner on stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DATE	E SIGNED (N	fonth, Day, Year)	
P. Culman				D36	552	• 9	8/17	191	
30. NAME AND ADDRESS OF PERSON WH		ROCKVIL	im) LE PK	、 #2	08. F	POCKYLLI	EM	P.20852	
AUG 22 91 Ju	ha Davidson Page								

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

-
6
4
က
ВОХ
m
-
Ö
0
ເດົ
ŏ
Œ
\aleph
RECORDS,
Œ
_
TAL
5
11
Ö
7
ō
-
=
=

- 3	Alex (NMI) Felke	or							ionth aust	14]	991 8	3:00 P
	4. SOCIAL SECURITY NUMBER 518-01-4795	5. SEX 1 2 M 2 F	6. AGE (In yrs. les 79		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. 7. I	Month, Day, Ye	d nr)	BIRTHPLACE (State or Foreign Country) RUSSIA	
TOR	9e. FACILITY NAME (If not institution, give Perry Point Med. RESIDENCE OF DECEDENT		er				ore C	on of death		Non	TY OF DEAT	TH .
DIRECTOR	10e. state 10b. count Virginia Fair								Id. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER			T ODI.	TILET		. ZIP COD					AT COUNTRY?
BY FUNERAL	7639 Long Pine D 11. MARITAL STATUS 1 Never Merried 2 Merried 5X Widowed 4 Divorced	rive 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	BMED NO	- 0	yes, sp	22151 S DECENDENT OF HISPANIC ORIGIN? (Specify Yes of the specify Cuban, Maxican, Puerio Rican, etc.) YES 2 X NO Specify:			USA ty Yes or No—			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		+) (G	CEDENT'S Live kind of w Do NOT use	USUAL OC rork done o e retired.)	CUPATIO	ON ist of workin	ng		tary	USTRY	
	17. FATHER'S NAME (First, Middle, Last)									ine Gor	r	
TO BE	Henry Felker 19a. INFORMANT'S NAME (Typo/Print)		19	b. MAILING	ADDRESS	(Street a				r Town, State, Zip	_	
F	Alex D Felker (Son) 20 METHOD OF DISPOSITION 1 Deurlet 2 X Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 21 MAN AND ADDRESS OF FACILITY 7639 Long Pine Drive Springfield, VA 22151 20c. Location – City or Town, State 1 Denetion 5 Other (Specify) 21 MAN AND ADDRESS OF FACILITY										, State	
	23. FART I. Enter the diseases, or shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)		9.		Ale	exance ode of dy	dria, V	Virgin	nes, India 2231	4	Approximate interval Betwee Onset and Dest	
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C	Alzheimers Dementia									VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 24 NO		
	Abdominal Aort:	c Aneury	sm									
SCI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	SP/Outpetient	DO4	OTHER	₹:		DEATH (Check of				
PHYSICIAN:	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	28a. DATE Of (Month, I	FINJURY	26b. TIM		28c. IN.	JURY AT DRK? YES 2 [IOW INJURY OCC	CURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (OF INJURY — At h	ome, farm, s	street, fact	ory, offic	20	28		Street and Number State)	or Rural Rou	rte Number,
Щ	4 Homicide determined determined clark (Specify) 29a. CERTIFIER (Check only Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as attated.											
COMPLETED	one) 2 MEDICAL EXAMIN	IER: On the basis of	examination and/or	Investigatio	n, in my c	pinion, o	death occu	red at the time	e, date and ple	ce, and due to th	e cense(s) s	and manner as stated.

MELICIA SANTOS, M.D. VA Medical Center, Perry point, MD 21902

ALG 22 91

June Devider Andre

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH

24681

3. TIME OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT		MENTAL HYGIEN REG. NO.		1 27002			
	1. DECEDENT'S NAME (First, Middle, Last) Ruth Reed Gill				2. DATE OF OEATH DATE OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OEATH D					
	220 52 8457 1	□ M 2 💢 F 9	YRS. In UNDE	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1900 00	RTHPLACE (State or Foreign unitry)			
TOR	9a. FACILITY NAME (If not institution, give street Kent & Queen Anne's RESIDENCE OF DECEDENT	and a control of the		estertown, M		% county o	F DEATH			
DIRECTOR	10s. STATE 10b. COUNTY	ENT	10c. CITY, TOWN	STERTOL	22		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 205 WAS HIN	ICTON AU		101. ZIP CODE 2 162	20	10g. CITIZEN C	of WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	S. ARMED 13.	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexics 1 YES 2 NO Specifi	an, Puarto Rican, atc.)	В	IACE — American Indian, Black, Whita, etc.			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ION 18 npieted) College (1-4 or 5+)	Be. DECEDENT'S USUAL C (Give kind of work done We. Do NOT use retired.) HOME M	during most of working	HOMEMAKER					
BE CON	17. FATHER'S NAME (First, Middle, Last) VAMES EDV	VARD ALL	EN	16. MOTHER'S NA	AME (First, Middle, Meiden RA BEL	4 14	CWHORTER			
10	HARRIELT G.	DOUGLASS	17 M D	S (Street and Number or Rural	Route Number, City or Tow OCEA	n State, Zio Code	N.J. 08203			
	20b. PLACE AND DATE OF DISPOSITION Sturiel 2 Cremation 3 Removal from State Cremation 5 Other (Specify 1.5 1.									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Willi	8	WILLIAMS	FUNERA					
	23. PART i. Einer the diseases, or coretock, or heart fellure. List immediate CAUSE (Final disease or condition resulting in death)		h Ilna.	r the mode of dying, suc	ch as cardiec or reep	iratory srreat,	Approximeta Interval Batween Onset and Deeth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST d									
CAL	PART II. Other significent conditions					RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDI		HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)					
PHYS	1 TYES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	lent 3 DOA 4 No 28b. TIME OF INJURY	28c, INJURY AT WORK?	8					
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify	- At home, farm, atreet, fa	1 YES 2 NO ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	CONDUCTORNY	AN: To the best of my knowled On the basis of examination s					use(a) and manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			D43.	29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 8/4/9/					
É	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEAT	Hagh St.	chesterton	un, Md.	216:	20			
6	31. DATE FILED (Month, 1976 12 '9'	32. REGISTRAR'S SIGNAT	Varidson Randa	86			- (

24. Project 1981 1981 1981 1981

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING PHYSICIAN: The law requires that t	CTOR: After this certificate has been signed by after death with the State Dept. of Health and	28 is marked, or item 23 shows any i
TO THE HOSPITAL OR	TO THE FUNERAL DIRE be filed within 72 hours	IMPORTANT: If item

	1 - STATE REGISTRAR	OINIE OI II	CERTIF	FICATE O	DEATH	MENIAL HYG			-4000	
	1. DECEDENT'S NAME (First, Middle,	4.6		-		2. DATE OF OEAT	DAY	YEAR 3. TI	ME OF OEATH	
- 1	. Marguerite		Grimes		_	8	23 9	1 3	:55 Onm	
9	220-16-0837	5. SEX	6. AGE (In yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	1)	8. BIRTNPLAC Country)	E (State or Foreign	
	9e. FACILITY NAME (If not institution,	Λ Ι	73 YRS.	at OUTY TOUR		MARCH 17		Mary1	and	
E E	The state of the s		- 1		OR LOCATION OF I	DEATH		NTY OF OEATH		
5	Frederick Memo		al	Freder	1Ck		F	rederio	ck	
DIRECTOR	Maryland Fr			TY, TOWN OR LOC	ATION				INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	ederick	1	hurmont					YES 2 NO	
FUNERAL					of. ZIP CODE		10g. CITt	ZEN OF WHAT	COUNTRY?	
٣ <u>ا</u>	14726 Albert S		T EVER IN U.S. ARMED	42 446 24	21788			U.S.A.		
BY FI	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	It yes,	pecify Cuben, Mexic S 232 NO Spec	ANIC ORIGIN? (Specificen, Puerto Rican, etc. lly:	Yes or No—	14. RACE — Ar Black, Whit Specify:	mericen Indian, la, etc.	
	15. DECEDENT'S	EDUCATION	18e. DECEDENT'S	S USUAL OCCUPAT	ION	166 KIND OF	BUSINESS/IND	White	3	
ᇤ	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5 +	(Give kind of	work done during r	nost of working	1,00. 1,000	50311423371142	7031H1		
를	7		Labor	er		Lab	or			
COMPLETED	17. FATNER'S NAME (First, Middle, Las	1)			18. MOTNER'S N	AME (First, Middle, Me				
H	Dave		Speak		Carry		Va	lentin	е	
၉	19e. INFORMANT'S NAME (Type/Print)		1			Route Number, City or				
	Eugene Grimes	Son)	20b. PLACE AND DATE			,Thurmon				
	ty Burlet 2 ☐ Cremetton 3 ☐ 4 ☐ Donetton 5 ☐ Other (Specify)	Removal from Stata	cometery, cremetory or c	other place)		0 /00		City or Town, St	ate	
1	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Reschave		AND ADDRESS OF F		rederic	ck, Md.		
	2			Rober	t E. Dai	ley & Son	n, P.A.			
┪	PART I. Enter the diseases	Dr complications the	t ceueed the deeth. Dp	not enter the m	ode of dying, su	Street, T	nurmont	eat, Md.	21788	
	iMMEDIATE CAUSE (Final disease or condition	ure. List Dnly Dne ceu	TGSIVE	Oradia	K Hen	ROLIA	15		interval Between Onset and Death	
H	reaulting in death)	e. USPCTO	(DB AS A COMMEQUENCE O	401411	0 1101	NACITIT	00		3 PA,5	
z	- HUMATERSION WORD									
RTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO	OR AS A CONSEQUENCE O	r):					1000	
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	с,								
	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE O	F):						
		d								
DICAL	PART ii. Other aignificent cond	ftione contributing to	death but not resulting	in the underlying	ng ceuse given in	Part i. 24s. WAS	AN AUTOPSY FORMED?		AUTOPSY FINDINGS	
ğ	A //C/	AC FIDIC	1CLATION				2 NO		LETION OF CAUSE	
M M						_	/ ~	10	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA	w 1								
3	EXAMINER? 1 YES 2 NQ	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	LACE OF DEATH (C					
Ē	27. MANNER OF DEATN	28a. DATE OF	INJURY 286, TIM		JURY AT	6 Other (Specify) 28d. DESCRIBE NO	W IN ILIEN OCC	TIBED		
2	Netural 5 Pending 2 Accident Investigat	(Month, Da	iy, Year) IN.		YES 2 NO		.,	JOHLES		
- 10	3 Suicida 6 Could no	28a. PLACE OF building,	F INJURY — At home, farm, etc. (Specify)	URY — At home, farm, street, tectory, office			281. LOCATION (Street and Number or Rural Route Number,			
MPLEIED	4 Homicide determine	d				City or Town, St	sto)			
칠	29a. CERTIFIER (Check only one)	NYSICIAN: To the best of	my knowledge, death occurr	ed at the time, dat	e end place, and due	to the cause(s) end	manner es atate	ed.		
5	2 MEDICAL EXA		amination end/or investigation	on, in my opinion,	death occured at the	time, date end piece	end due to the	e ceuse(s) and n	nanner as stated.	
2	296. SIGNATURE AND TITLE OF CERT	TFIER		^	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month	, Bay, Year)	
5	30 NAME AND ADDRESS OF DECAME		2 M)	U)	3750/	1 8	155/2	91	
	BOYD A. OWY	GC MD	915 Tou	Hows (& AUX	SUITE :	305 P	NEDE.	RICK	
	31. DATE FILED MONTH, Day, 1647) AUG 27 1991	Luka Davidson	-Acndella							

DHMH-16 Rev 1/89

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CERTI	FICATE	OF DEA	TH	REG. NO.			
1. OECEOENT'S NAME (First, Middle, Last)	C		GR	44	-7	2. DATE OF DEATH	ž	GEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-96-2795		. AGE (In yrs. last birthday	MONTHS D	EAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
	1XXM 2 □ F	11 YRS.						MD.	
9a. FACILITY NAME (If not institution, give S. Market Stre			10.00	own on LOCAT derick	ION OF DE	EATH	200	reder	
RESIDENCE OF DECEDENT							1		
MD. Fr.	ederick	10c, C	Fred	erick					Od. INSIDE CITY LIMITS? X YES 2 NO
10e. STREET AND NUMBER			7 7000	10f. ZIP COD	Œ		10g. CIT		AT COUNTRY?
120 Carver Apts	•			2	1701		u	ISA.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 X NO	if y		en, Mexica	NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.) y:	or No-	14. RACE - Black, Specify:	- American Indian, White, etc. Black
15. DECEDENT'S ED (Specify only highest grad		16a. OECEDENT	'S USUAL OCCU		ina	16b, KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	stude	use retired.)			10/1	~		
17. FATHER'S NAME (First, Middle, Last)		stade	.ru	18. MOT	THER'S NA	ME (First, Middle, Meiden			
Garnett Ma	rk Gray			1		Lee Moore	Juli Herrito)		
19a. INFORMANT'S NAME (Type/Print)	J.	1		treet end Numbe	or or Rural	Route Number, City or Tow			
Sammie Lee Moore						rederick, 1			
20a. METHOD OF DISPOSITION (X) X Burlel 2 Cremetion 3 Rec	noval from State	20b. PLACE ANO OA	TE OF OISPOS	ITION (Name	n to al =	OATE 20c. LO	CATION -	City or Town	n, State
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Resinave	n memo	ME AND ADOR	viaer	25 8/31/91	rrea	erick	, Md.
· Trousa	Lemm	er	S.	tauffe rederic	r Fur	veral HOme, Naryland 2	P.0 1702	. Box	. 1819
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	PR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	OF):		Á				
PART II. Other algnificant condition	d. one contributing to d	eeth but not resultin	g in the unde	orlying ceuse	given in	Part I. 24a. WAS AN			VERE AUTOPSY FINDIN
				- 12		PERFOI	1116-71	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			Carried V	26. PLACE OF	DEATH (C	heck only one)			
1 XYES 2 NO	HOSPITAL: 1 Inpatient 2 I	ER/Outpatient 3 DOA	OTHER:	g Home 5 🗆 F	Residence	6 (2) Other (Specify)	571	REE	7
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Pay		INJURY	Bc. INJURY AT WORK?	TSP NO	STRUCK	BY	CUREO 44TO	ON BIK
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF	INJURY — At home, farm tc. (Specify) OCK S.Mac	n, street, tector	, office	=1 1.0	261. LOCATION (Street City or Town, State ALLEY B	and Numbe	or or Rural Ro	ute Number.
onel	SICIAN: To the best of m	y knowledge, death occ	urred at the time	, date end plac		e to the cause(e) end ma	nner se sta	nted.	
296. SHOMATURE AND TITLE OF CERTIFIC	e Roke	to MD		D	OF E	267	D	09/2	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE	D 15W	777 S	+ F	RE	DERICK	N	1d 2	1701-45
ALIC 9 0 1001	lia Davidson-V								

	#	
	E	
an.	sm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must	
or remov	medical	
INDIII,	‡	
Land.	rvent	
DOME	atic	
3	틹	
5	2	
Dielie	other	
Ĉ	5	
Menta	injury,	
9	5	
INPAU IO	hows a	
Ė	38	
5	2	
State	를	
200	0	
us are dealif will life State Dept. of nearly and mental hygiene prior to burial, cremation, or ren	marked,	
5	-00	
4	28	
Š	E	

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RICATE OF	IEALTH AND DEATH		YGIENE REG. NO.	24003
	1. OECEOENT'S NAME (First, Middle, Last, .TOHNSON		GI	LENN , J	R.	2. DATE OF	21 ^{DAY} 91	year 6:15 PM
	4. SOCIAL SECURITY NUMBER 2 1 6 - 4 4 - 9 3 5 1	1 ☑ ★ 2 □ F	AGE (In yrs. last birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Da	ly, Year)	BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	90. FACILITY NAME (If not institution, give NORTH ARUNDEL HO RESIDENCE OF DECEDENT		OCIATION		BURNIE		9c. COUNT	A. COUNTY
DIRECTOR	10e. STATE 10b. COUN	E ARUNDEI		TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 226 RITCHIE HI		1 [3.	EVERNA 104	. ZIP CODE		1000	1 YES 2 NO
BY	11. MARITAL STATUS 1 Never Merried	12. WAS DECEDENT E	YES 2X XHO	If yes, sp	21146 ENDENT OF HISPA ecity Cuben, Mexic 2 X NO Spec	an, Puerto Rice		S . A . 4. RACE — American Indian, Black, Whita, atc. Specity: BLACK
COMPLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	USUAL OCCUPATION Work done during mose retired.)	ON st of working		J.S. NAV	
	17. FATHER'S NAME (First, Middle, Lest)						te, Maiden Surname)	
B	JOHNSON GLENN 190. INFORMANT'S NAME (Type/Print)	SR.	10b MAH INC	ACCRECC (Cimal of	MAMIE		NGS Olty or Town, State, Zip C	
2	JANE E. GLENN		The same of the sa					K. MD. 21146
	20e. METHOD OF DISPOSITION 1 1 Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE cametery, crematory or o	OF DISPOSITION (Na other place) OWN NEC	rme of	8 - 2 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	SEVERNA	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME AN	O ADDRESS OF F	ACILITY 821	WEST ST	r. MB. NAP261s
	Lavry	H. Nec	se	REES	E & SO1	NS MOR	TUARY, I	P.A.
	23. PART I. Enter the diseases, or abock, or heard failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)		on each line. 405 CE R AS A CONSEQUENCE OF					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	R AS A CONSEQUENCE O	F):				
CERTIF	that initiated eventa resulting in death) LAST	d.	R AS A CONSEQUENCE OF	F):				
ICAL	PART II. Other algnificant condition	ne contributing to de	ath but not reaulting	in the underlying	g cause givan in		PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED						_		1 _ YES 2 _ NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one)		
IXSI	1 YES 2 NO	1 Inpatient 2 E	R/Outpatient 3 DOA	OTHER: 4 Nursing Hom		6 Other (Sp	ecity)	
BY PF	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		URY WO	URY AT RK? 'ES 2 NO	28d. DESCRI	BE HOW INJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF IP building, etc	NJURY — At home, term, (. (Specify)	street, factory, office		28f. LOCATIO City or To	N (Street and Number or wn, State)	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN	ICIAN: To the best of my ER: On the basis of exam	knowledge, death occurre	ed at the time, date	and place, and du	e to the cause(a time, data end) and manner as stated place, and due to the	ceuse(s) end menner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIE	A. Duna	ya		29c. LICENSE NU	912	D 8	BIGNED (Month, Day, Year)
2	SALVACION A DUPA	YA, M.D.	BOT HOSPITA	L'DRIVE/	GLEN BUI	RNIE, M	ARYLAND 2	1061
	31. DATE FILED (Month, Day, Year) ALIG 2 6 1991 4	32. REGISTRAR'S						

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91

TANNER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Mo

1. DECEDENT'S NAME (First, Middle, Last)	McEllen G. Gol	dsmith.	OF DEATH	2. DATE O	DAY	YEAR S	3. TIME OF DEATH
Cit		ldsm. 8h			8 28		6:35 A
218-54-7246	5. SEX 6. AGE (in yrs. lest	YRS. MONTHS	DAYS HOURS MIN.	Mar.	10, 190.	Mai Mai	yland
9a. FACILITY NAME (If not institution, give stre Regency Nursing H RESIDENCE OF DECEMENT			restville	EATH		NOTE GE	eorge's
100. STATE 100. COUNTY Maryland Charle	es	10c. CITY, TOWN O				- 1	INSIDE CITY LIMITS? I YES 2 XXIO
423 Piney Church R	Road		101. ZIP CODE 20602		10g. Cf	USA	IAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARK FORCES? 1 YES 2 H IF YES, GIVE WAR OR DATES	10 h	WAS DECENDENT OF HISPAI I yes, specify Cuben, Mexics I YES 2 図刻O Specif	n, Puerto Ri		14. RACE - Black, Specify. Whit	
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) (Gh	CEDENT'S USUAL OC the kind of work done of Do NOT use retired.)	CCUPATION during most of working	16b. I	KIND OF BUSINESS/III HOME	IDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		iomomarto1	16. MOTHER'S NA	ME (First, Mi	iddle, Maiden Surname)		
Benjamin Douglas G	roves		Elizat	oeth M	Monroe		
19e. INFORMANT'S NAME (Type/Print)			(Street and Number or Rural				
Margaret Goldsmith			Church Road	d, Wal			
20e. METHOD OF OISPOSITION 1 Burlet 2 Cremation 3 Remon 1 Donation 5 Other (Specify)	val from State 20b. PLACE C	eter's Ce	ome of cemetery, cremetory or		20c. LOCATION -		rvland
21. SIGNATURE OF FUNCTION SERVICE LICE	Note of the	CCCI S C	emerery		Watuu	. IVId	H.A.LSHIII
III III NO		22,	NAME AND ADDRESS OF FA	MCILITY			il y Lario
	1)		NAME AND ADDRESS OF FUNCTION				
Michael Blan	kenship M0085	7 P.	. 0. Box 156	s, Wal	dorf, Md.	2060	04-0156
Michael Blan 23. PART I. Enter the diseases, or conshock, or heart failure. Li	kenship M0085 mplications that caused the delat only one cause on each line.	7 P.	. O. Box 156	on an card	dorf, Md.	2060	04-0156 Approximats Interval Between
Michael Blan 23. PART I. Enter the diseases, or conshock, or heart failure. Li	kenship M0085 mplications that caused the delat only one cause on each line.	7 P.	. O. Box 156	on an card	dorf, Md.	2060	04-0156
Michael Blan 23. PART I. Enter the diseases, or conshock, or heart failure. Li	kenship M0085 mplications that caused the delat only one cause on each line.	7 P.	. O. Box 156	on an card	dorf, Md.	2060	04-0156 Approximate Interval Between
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	kenship M0085	7 P.	. O. Box 156	on an card	dorf, Md.	2060	04-0156 Approximats Interval Between
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata	kenship M0085 mplications that caused the delat only one cause on each line.	eath. Do not sinter	. O. Box 156	on an card	dorf, Md.	2060	04-0156 Approximats Interval Between
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. LimmeDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	mplications that caused tha delat only one cause on such line. ORGANIC DUE TO (OR AS A CONSECUTION OF AS	nath. Do not sinter County in the county in	. O. Box 156	on an card	dorf, Md.	2060	04-0156 Approximats Interval Between
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	mplications that caused the delat only one cause on each line. ORGANIC DUE TO (OR AS A CONSEC	nath. Do not sinter County in the county in	. O. Box 156	on an card	dorf, Md.	2060	04-0156 Approximate Interval Between
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	mplications that caused tha delat only one cause on such line. ORGANIC DUE TO (OR AS A CONSECUTION OF AS	nath. Do not sinter County in the county in	. O. Box 156	on an card	dorf, Md.	2060	04-0156 Approximats Interval Between
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSECUENT)	outh, Do not sinter Outhor of: Outhor of: Outhor of:	the mode of dying, auc	5, Wal	dorf, Md.	2060 prest,	Approximats Interval Betwee Onset and Daa WERE AUTOPSY FINDING AMILABLE PRIOR TO
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Li immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT)	outh, Do not sinter Outhor of: Outhor of: Outhor of:	the mode of dying, auc	5, Walch as card	dorf, Md.	2060 prest,	Approximats Interval Betwee Onset and Dea
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Li immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT)	outh, Do not sinter Outhor of: Outhor of: Outhor of:	the mode of dying, auc	5, Walch as card	dorf, Md.	2060 prest,	Approximats Interval Betwee Onset and Dea
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Li immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CONSECUENT)	outh, Do not sinter Outhor of: Outhor of: Outhor of:	the mode of dying, auc Syn Ame	oh aa cardi	dorf, Md. ec or respiratory s 24a. WAS AN AUTOPS PERFORMED? 1 VES 2 KNO	2060 prest,	Approximats Interval Betwee Onset and Dea WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Limited for the shock, or heart failure. Limited failures are shock, or heart failure. Limited failures are shock, or heart failure. Limited failures are shock, or heart failure. Limited failures are shock	DUE TO (OR AS A CONSECTION OF TO CONTRIBUTION OF TO	P. Seth. Do not sinter Coulonce of): OUENCE OF): OUENCE OF): OUENCE OF): OTHER	the mode of dying, and Syn Amel Inderlying cause given in	n Part I.	dorf, Md. 24a. WAS AN AUTOPS PERFORMED? 1 VES 2 SKNO	2060 prest,	Approximats Interval Betwee Onset and Dea WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Limited for the shock of heart failure. Limited failures are shocked from the shock of heart failure. Limited failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked from	DUE TO (OR AS A CONSECUTION OF THE TO (OR AS A CONSECUTION OF	P. Seth. Do not sinter Source of: OUENCE OF: OUENCE OF: OUENCE OF: OUENCE OF: OUENCE OF: OUENCE OF: OUENCE OF:	the mode of dying, and Syn Amel Addriving cause given in 26. PLACE OF DEATH (C) R: Ising Home 5 Residence	Part I.	dorf, Md. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 XNO	2060	Approximats Interval Betwee Onset and Dea WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Li immediate cause or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CONSECTION OF TO CONTRIBUTION OF TO	P. Seth. Do not sinter Coulonce of): OUENCE OF): OUENCE OF): OUENCE OF): OTHER	the mode of dying, and Syn Amel Inderlying cause given in	Part I.	dorf, Md. 24a. WAS AN AUTOPS PERFORMED? 1 VES 2 SKNO	2060	Approximats Interval Betwee Onset and Dea WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Limited for the shock of heart failure. Limited failures are shock, or heart failure. Limited failures are shocked from the shock of heart failures. Limited failures are shocked from the shocked failures are shocked from the shocked failures are shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked failures are shocked from the shocked from	DUE TO (OR AS A CONSECTION OF THE TOTAL: Contributing to death but not reconstruction of the total of the	P. Seth. Do not sinter Source of: OUENCE OF): OUENCE OF): Teaulting in the ur DO DOA OTHER A SI Nur 26b. TIME OF BUJUNY M	the mode of dying, auc Syn Amel Syn Mel 10 26. PLACE OF DEATH (C. R: 11 1 1 YES 2 NO	the part I. 1 Part I. 6 Other 28d. DESc.	dorf, Md. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 XNO	y 24b.	Approximats interval Betwee Onset and Data Onset an
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Limited the shock, or heart failure. Limited failures and the shock of heart failure. Limited failures are shocked from the shock of the	DUE TO (OR AS A CONSECTION OF THE PROPERTY OF	P. Seth. Do not sinter Solution of the control of	the mode of dying, and Syn Amel Syn Amel anderlying cause given in 28. PLACE OF DEATH (C) R: rsing Home 5 Residence 28c. INJURY AT 1 YES 2 NO tory, office	heck only one 6 Other 28d. DESt.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 S(NO (Specify) CRIBE HOW INJURY (ATION (Street and Number of Nu	y 24b.	Approximats interval Betwee Onset and Data Onset an
Michael Blan 23. PART I. Enter the diseases, or co shock, or heart failure. Limited for the shock of heart failure. Limited failures are shock, or heart failure. Limited failures are shock, or heart failures. Limited failures are shock, or heart failures. Limited failures are shocked from the shocked failures are shocked	DUE TO (OR AS A CONSECTION OF THE CONTRIBUTION	eath Do not sinter Solution of the sinter Courage of the sinter C	the mode of dying, auc Syn Syn Syn Syn anderlying cause given in 28. PLACE OF DEATH (C) R: rsing Home 5 Residence 28c. INJUST AT	heck only one 6 Other 28d. DESt.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 SKNO (Specify) CRIBE HOW INJURY CO	y 24b.	WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

no

Livingion

11701

FARWASH. MO

DHMH-16 Rev 1/89

west protests presiden

93.77

will list

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

15

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2. be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		OMIL OF IT	C	ERTIF	CATE OF	DEATH	REG. N	10.			
1. DECEOENT'S NAME (First	, Middle, Last)						2. DATE OF DEATH	BAN	WEAR	3. TIME OF DEAT	Н
LOF	RELLA	E. GI	LBERT				MONTH -	24 -	YEAR 1991	0025	A.M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Fo	reign
179-22-3846	,	1 M 2 F	734	YRS.	MONTHS DAYS	NOURS MIN.	(Month, Day, Year,		OHIC	• • • • • • • • • • • • • • • • • • • •	
9a. FACILITY NAME (If not in	stitution, give s	street and number)	, ,		9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF D	-	
WASHINGTON RESIDENCE OF DEC		rist Hosp	ITAL		TAKOMA	PARK		MON	TGOMI	ERY	
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
MARYLAND		ONTGOMERY			WHEATO					LIMITS?	NO
3519 NAPIER		ET			10	1. ZIP CODE 2090	5	10g. C	USA	WHAT COUNTRY?	
11. MARITAL STATUS		12. WAS DECEDEN				CENDENT OF HISPAI	NIC ORIGIN? (Specify			E — American Indi k, Whita, atc.	an,
1 Never Married 2 🔀 3 Widowed 4 Olivo		IF YES, GIVE W	YES 2 X	NO	If yes, sp	S 2 NO Specific	n, Puarto Rican, atc.) y:		Spec WH]	etty:	
	EDENT'S EDU				USUAL OCCUPATI		18b. KIND OF	BUSINESS/I			
(Specify online) Elementary/Secondary (f	ly highest grade 3-12)	College (1-4 or 5 +) #	e. Do NOT us		ost of working					-1
17. FATHER'S NAME (First, N	#/			CLERK	<u> </u>	T	ME (First, Middle, Mai	RO CO			
	IOORE					THELM	and contract the)		
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street		Route Number, City or	Town, State,	Zip Code)		
JOSEPH F. G	ILBER	r (HUSBA	ND) 3	519 N	APIER S	TREET W	HEATON, M	ARYLA	ND 2	20906	
20a. METHOD OF DISPOSIT	ION	noval from State			E OF OISPOSITION	Name (Name	OATE 20c.	LOCATION -	— City or To	own, State	
4 Donation 5 Other	(Specify)		Table William	, , , , , , , , , , , , , , , , , , , ,	CEMETE		8/27 RO	CKVIL	LE, MA	ARYLAND	
21. SIGNATURE OF FUNERA	AL SERVICE IN	CENSEE	- 0			ND ADDRESS OF FA	CILITY LLINS FUN	ERAL	HOME,	INC.	
) a	191-) OCU	uch				Y BLVD., W				01
23. PART I. Enter the day		complications the			not antar the me	ode of dying, euc	th ee cerdlec or re	epiratory	errest,	Approxim	
IMMEDIATE CAUSE (FI		11.		1	1					Onset an	
disease or condition reaulting in death)	\rightarrow	a. 144	all Co	UCE	ma		Δ	Δ			
The state of the s		DUE 10	(OR AS A CONS	EOUENCE O	P. 0 -		Thronic	1		la la ha	
Sequantially list condi-	lone.	b. 00	vanc	e (JOHNE	thur!	mon (ypuy	mayt	i Coma	ma
if any, leading to imme cause. Enter UNDERLY	diata	DUE 10	(OR AS A CONS	EOUENCE Q	F):			0 /	/		
CAUSE (Disease or Inje		C. OUE TO	(OR AS A CONS	FOUENCE O	Pi:						
that initiated events reaulting in death) LAS	т		(51111571 551151		. ,					ĺ	
		d								-+	
PART II. Other signific	ent conditio	ne contributing to	death but not	recuiting	in the underlyin	ng cause given in		AN AUTOPS	Y 24	b. WERE AUTOPSY F	
Dia	bete	7			0	à.		S 2 NO		COMPLETION OF DF DEATH?	
00	CAK	misi	0 100	h	Bay	MYR		1,20		1 YES 2	NO
	,			100	1						
25. WAS CASE REFERRED	TO MEDICAL				26. F	PLACE OF DEATH (C)	neck only one)				
EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)				
27. MANNER OF DEATH		28a. DATE OF		28b. TIN	E OF 28c, IN	JURY AT	28d. DESCRIBE HO	W INJURY (OCCURED		
	Pending Investigation	(Month, E	шу, төвг)	IN.		ORK? YES 2 NO					
2 Accident 3 Suicide	Could not be	28a. PLACE C	F INJURY — At I	nome, farm,	strent, factory, offi	ca	281. LOCATION (St		ber or Rural	Route Number,	
4 Homicide	detarmined	- Juliumy,	atc. (Specify)				City or Town, S	iale)			
29a. CERTIFIER 1 CER	TIFYING PHYS	SICIAN: To the best of	my knowledge.	death occurr	red at the time, dat	a and place, and du	a to the cause(s) and	manner ee	stated.		
const. orny		IER: On the basis of a								(s) and manner sa	atated.
29b, SIGNATURE AND TITL						29c. LICENSE NU				O (Month, Day, Year	
Clan	a C	has	_		MID	D411	328	•	8/-	24/91	
30. NAME AND ADDRESS O	PERSON W	HO COMPLETEO CAU	SE OF DEATH (IT	EM 27) (Type	a, Print)	Carte.	Dr R	mar L	01+	Mi)
31. DATE FILED (Month, Day		32. REGISTRA	R'S SICHEUR	200	MILLY	and of	D1. ()1	EUN!		1	_
HUUZ 19		gana vante	ACTION AND ADDRESS OF THE PARTY		,						

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the ho	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rearry is the model of the 22 shows one injury or other traumatic areast the medical eventual must be notified at once
by th	2	34
per	pino	ě
etair	Sho	1
2	96 5	0
may	. pa	4
9	cto	E .
200	Địc Địc	200
€	Pera	i
dea	É.	200
after	y the	100
IIS	in b	1
5	led ,	1
n 24	ation	44
vithi	plete	-
pa	al.	5
BCL.	Pun	atta
8	an a	-
rte b	prio	1
tifica	ane ene	hha
e Ce	Hydin	
eath	atte	2
he d	∯ Me	Sing
at t	a de	-
th Si	aith	
qui	T Te	-
e v	bee Tr. O	4
9	Pas Deg	è.
Ë	cate	1
SAN	he S	1
NS.	ith t	3
4	5 3	1
DIN	Afte	1
TEN	The Top	200
A AT	REC'INS &	
0 7	0	44
PITA	ERAI	W. 00
HOS	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TA AT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY MONTH 08 VIVIAN Gagnon 032 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE 006-34-3836 55YRS. 1 M 2 F 08 14.36 Maine 9c. COUNTY OF DEATH TOWN OR LOCATION OF CEATH DIRECTOR Jark permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 108. INSIDE CITY Maryland 1 TYES 2 XX0 Silver Spring Montgomery FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ed for use as the burial-transit 20901 8401 Manchester Road, #411 United States spital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Rid 1 YES 2 XXO Specify: 1 Never Married 2 Merried BY 3 🔀 Widowed 4 🗌 Divorced White 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 6+) 12 Teacher Public Schools 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ephrem Poulin Adelia Rodrique BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code) 2 Daniel H. Gagnon 20200 Shipley Terrace, Germantown, Maryland 20874 20e. METHOD OF DISPOSITION

1 Burlei 2 X Cremation 3 Removal from State 20b. PLACE AND DATE DF DISPOSITION (Name 20c. LOCATION - City or Town, State 8/26/91TE 4 Donation 6 Other (Specify) Montgomery Crematorium, Inc. Bethesda, 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 M00803 Avenue, Rockville, Maryland 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, abook, or heart fellure. Liet only one cause on each line. Intervel Between IMMEDIATE CAUSE (Finel disease or condition JARILLES (resulting in death) SEQUENCE OF MANI NI CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO **COMPLETION OF CAUSE** 1 YES 2 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 itlent 2 - ER/Outpatient 3 - DOA Home 5 ☐ Residence 6 ☐ Other (Specify) 4 - Nurel 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Acciden 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER ING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examin

> Handell. Tha Davidson DHMH-16 Rev 1/89

29c. LICENSE NUMI

THE TO THE Port of THE Port of THE PORT 10

BE 2

BY

'91

32. REGISTRAR'S SIGNATURE

21 21 58

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign Country) New Hampshire

4. SOCIAL SECURITY NUMBER 214-74-7120

Gibbs

IF UNDER 1 YEAR IF UNDER 24 HRS.

7. DATE OF BIRTH (Month, Day, Year)

W.

YRS.

Ruth

90

6, AGE (In vrs. lest birthday)

5. SEX

☐ M 2XXF

1 1	19 Su	bood	pet and number) NWS//	ig Cent	ke st. c	/)	KUILLE	EATN		Mon	1	necy
RESIDENC 10a. STATE Maryla	E OF DEC	10b. COUNTY		10	c. CITY, TOW	N OR LOCAT	TION				100	I. INSIDE CITY
Maryla	and	Montgo	omery		Roc	kvill	е				X	LIMITS? YES 2 NO
10e. STREET A 7 Ba: 11. MARITAL S	ND NUMBER	Court				101	20850				N OF WHAT	COUNTRY?
11. MARITAL S 1 Never Me 3 X Wildowed	rried 2 🗌		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2/L/NO		If yes, sp	ENDENT OF HISPA ecity Cuban, Mexica 2 XXNO Specific	in, Puerto		e or No 14	8. RACE — : Black, WI Specify:	American Indien, hite, etc. White
	(Specify only Secondary (0	EDENT'S EDUC highest grade		(Give k	ENT'S USUA ind of work do NOT use retire NEMAKE	ne during mo d.)		161		on home		
17. FATHER'S N		iddle, Last)		- Male			18. MOTHER'S NA		Middle, Maiden			
Jon			W.	100000	Snapp	100	Mary			Е.		Deckard
David							nd Number or Rural				²⁰⁸	50
20a. METHOD	OF DISPOSITI	ON n 3 🗆 Remo		20b. PLACE AND of competency, con Cedar H	D DATE OF D	ISPOSITION	(Name	/27/	TE 20c. LC	OCATION — CH	ty or Town,	
21. SIGNATURI				2 _{MOO}	0	22. NAME A	nd ADDRESS OF FA	CILITY				
NO Sequentially if eny, leading cause. Enter CAUSE (District that initiated resulting in	ilst condition g to immer UNDERLYI pase Dr inju I events deeth) LAS	diona, diete NG iry	DUE TO (OR A. DUE TO (OR A.	S A CONSEQUE	NCE OF):	orona	rrythmia ry Arter	ioso	lerosi	Ce IS		Onset and Dea
	er significe	nt condition	e contributing to death	h but not resu	ulting in the	underlyin	ng ceuse given in	Part I.	24a. WAS AI PERFO 1 TYES	RMED?	AM CO OF	ERE AUTOPSY FINDING AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
Z5. WAS CASE		O MEDICAL				26. P	LACE OF DEATH (C	heck only o	one)			
EXAMINER YES			HOSPITAL: 1 Inpatient 2 ER/O	Outpatient 3 🗆		JER: Nursing Nor	ne 5 🗆 Residence	6 🗆 Oth	er (Specify)	150		
EXAMINER OF YES 27. MANNER OF Neturn	5 🗆	Pending Investigation	28e. DATE OF INJUF (Month, Day, Yea		8b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE NOW	INJURY OCCU	PRED	0
2 Accid 3 Suicid 4 Homic	• • •	Could not be determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, Specify)	form, atreet,	factory, offic	ce		CATION (Street y or Town, State	end Number o	r Rural Rout	e Number,
29e. CERTIFIE (Check onlone)	2 DENTED	ICAL EXAMINE	ICIAN: To the best of my kr					e time, da		and due to the	cause(e) ar	onth, Day, Year)
0	ADDRESS O	1	O COMPLETED CAUSE OF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		809 201210	54	Ave	8	tors	300 mg
31. DATE FILE	(Month, Day, UG 26	*91	32. REGISTRAB'S S									DHMH-18 Rev

TO BE COMPLETED BY FUNERAL DIRECTOR

sou a	stache	nce.
by the	be d	at o
peuie	ponid	Med
Se ret	e 5 s	100
may t	r, pag	st b
9 90	lirecto	E
F. P.	neral	mine
er dea	the fu	exa
irs aft	n by I	edica
nou -	filled in	E
thin 2	etely 1	ıt, th
w pa	al cre	eve
EXECU	and o	matic
8	sician prior 1	traur
rtifical	iene i	ther
at ce	tendin	0
he dea	Went:	Jury,
that th	d by	my i
uires	signe	SW.
w req	been of of	3 she
The la	te has	2 ш
IAN	rtifical	or ite
HYSIC	his ce	ted,
ING P	After th	шал
TEND	TOR: /	28 Is
OR AT	DIRECT	E E
TAL	PAL C	11
HOSP	FUNE	TANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
12	21	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

The state of the s	246	91	ENTAL HYGIENE REG. NO.	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH
--	-----	----	---------------------------	---

DECEDENT'S NAME (First, Middle, Last)						OF DEATH	414	WEAR.	3. TIME OF DEATH
	Maye H.	Gran	t			Aug	ust 21	, 199	1	5:20
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	(Mont	OF BIRTH h, Day, Year)	1	8. BIRTHI Country	North
241-36-0972	1 M 2 X F	61	YRS.				9, 1	929	Car	olina
10810 Beech Cre					OR LOCATION OF E	DEATH		9c. COUNT	vard	EATH
ESIDENCE OF DECEDENT								1 110%	vara	
De. STATE 10b. COUN			A-4-	TOWN OR LOC						10d. INSIDE CITY LIMITS?
Maryland How	aro		_ Cc	olumbia	of. ZIP CODE			I son CITIZ	EN OF W	1 TYES 2 X
10810 Beech Cre	ek Drive					044				States
. MARITAL STATUS	12. WAS DECEDEN			13. WAS D	ECENDENT OF HISPA	ANIC ORIGI	N? (Specify Ye			- American India
☐ Never Married 2 ☐ Married ☐ Widowed 4 ☒ Divorced	IF YES, GIVE V	YES 2	Хімо		specify Cuben, Mexic S 2 NO Speci		Rican, etc.)		Specif	V:
15. DECEDENT'S ED	HICATION	160	DECEDENT'S U	ISUAL OCCUPA	TION	1 101	. KIND OF BL	ISINESS/INDI		ack
(Specify only highest gradeling (0-12)			(Give kind of wo	ork done during i	nost of working	1.00	K KIND OF DE	15111E337114D0	John	
200000000000000000000000000000000000000	6	''	Teache	er			Educa	ation		
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N			,		
Isaac Boyd	Holden				Helen	-				
Mayamat In Maga					Can a L. Danie					1044
Maygret-Jo Wood		20h Pl A		•	Creek Dr:		7	Ola, M		
☐ Burial 2	moval from State	othe	burban							g, Mary]
SIGNATURE OF FUNERAL SERVICE I	LICENSEE	/			AND ADDRESS OF FUNeral	ACILITY				3, 1102) 2
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		/								
3. PART I. Enter the diseases, postock, or haert fellure MMEDIATE CAUSE (Finel Issues or condition	B. List only ons car	espira	tory Fa	933 of anter the r	Gist Ave	NUE,	Silve diac or resp	r Spri	ing,	Approxime interval Bo Onset and
3. PART I. Enter the diseases, post- shock, or haert fellure MMEDIATE CAUSE (Finel lesse or condition seulting in death) requentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury het initiated events	s. Chroni	C Myel	tory Fa	933 stanter the railure	Gist Ave	NUE,	Silve diac or resp	r Spri	ing,	Approximation interval Be
a. PART-I: Enter the diseases, poshock, or haert fellure and the sesse or condition equiting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury net Initiated events esuiting in death) LAST	s. Chronications the Chronication on the Chronication of the Chron	C Myel O (OR AS A COM	Ine. tory Fa	933 stanter the railure	Gist Ave node of dylng, su mia in Bi	nue, ch ss car	Silve dlac or resp Crisi:	r Spri	ing,	Approximation interval Be
ART II. Other significant conditions in the session of the session	c. Due To	DORASA CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	tory Fa	933 ot anter the r silure ilure ilure ilure	Gist Ave node of dylng, su mia in Bi	last	Crisis 24a. WAS A PERFO	r Spri	ing,	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO
a. PART-I: Enter the diseases, proposed in the	s. Chronications the Chronication on the Chronication of the Chron	DORASA COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM	tory Fa	933 ot anter the r silure Leuke	Gist Ave	last	Crisi:	r Spri	ing,	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO
ART II. Other significant conditions in the condition of the condition of the condition of the conditions of the conditi	s. Chronications the state of t	DORAS A COMPOSITION OF THE PROPERTY OF THE PRO	tory Fa	933 ot anter the r silure live Leuke	Gist Ave	last	Crisi:	n Autropsy	246.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO
ART II. Other significant conditions in the condition of the condition of the conditions of the condit	c. Due to Chroms contributing to Chroms contributing to Chroms to Chroms to Chroms to Chroms to Chroms contributing to Chroms contributin	Description as a condition of the condit	tory Fa	933 ot anter the residure illu	Gist Ave node of dying, su mia in B: (b) (Main of the color of the c	last	Crisi: 24a. WAS A PERFC 1 YES 90 (Specify) SCRIBE HOW	N AUTOPSY RIMED?	24b.	WERE AUTOPSY FI AMAILABLE PRION OF COMPLETION OF CO
D. PART I. Enter the diseases, D. shock, or haert fellum shock, or haert fellum shock, or haert fellum shock, or haert fellum shock, or haert fellum shock, or haert fellum shock, or haert fellum sesses or conditions, any, leading to immediate lause. Enter UNDERLYING AUSE (Disease or Injury set initiated events suiting in death) LAST ART II. Other significant conditions are suiting in death) LAST WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending investigation investigation in the suiting and suiting a	s. List only one call s. List only one call s. Due to Chroni b. Due to c. Due to d. Chr d. Chr HOSPITAL: 1 Inputient 2	Description as a condition of the condit	tory Fa	933 ot anter the residure illu	Gist Ave node of dying, su mia in B: (b) (Main of the color of the c	last	Crisi: 24a. WAS A PERFC 1 YES	N AUTOPSY RIMED?	24b.	WERE AUTOPSY FI AMAILABLE PRION OF COMPLETION OF CO
ART II. Other significant conditions in the session of the session	c. DUE TO Chronications the state only one call S. Chronication one call Chronication one call DUE TO C.	DERVOURPETER ERVOURPETER FINJURY OF INJURY A recommendation OF INJURY A recommendation OF INJURY A recommendation OF INJURY OF INJURY OF INJURY OF INJURY A recommendation OF INJURY OF	tory Fa	933 ot anter the r silure Leuke Corner The R: 4 Nursing H Corner M 1 Ireet, factory, of	Gist Ave mode of dying, su mia in B: (solution of the control o	last n Part I. Check only of 28d. DE 28f. LO Ch	Crisi: 24a. WAS A PERFC 1 YES CATION (Street or Rown, Stell	N AUTOPSY PAMED? 2 NO INJURY OCC and Number of	24b.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF COAPPLETION OF DEATH? 1 YES 2 1
3. PART I Enter the diseases, poshock, or haert fellure shock, or haert fellure seuting in death) Gequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury het initiated events esuiting in death) LAST ART II. Other significant conditions, and the seuting in death) LAST ART II. Other significant conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending investigations 3 Suicide 6 Could not be detarmined. De. CERTIFIER 1 CERTIFYING PHY	Chronications the state of the best of NER: On the basis of the basis	DERVOURPETER ERVOURPETER FINJURY OF INJURY A recommendation OF INJURY A recommendation OF INJURY A recommendation OF INJURY OF INJURY OF INJURY OF INJURY A recommendation OF INJURY OF	tory Fa	933 ot anter the r silure Leuke Corner The R: 4 Nursing H Corner M 1 Ireet, factory, of	Gist Ave mode of dying, su mia in B: (solution of the control o	nue, last last last last last last last last	Crisi: 24a. WAS A PERFC 1 YES CATION (Street or Rown, Stell	N AUTOPSY PAMED? INJURY OCC and Number on one state and due to the 29d. DATE	24b.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF
3. PART I Enter the diseases, Dishock, or haert fellure shock, or haert fellur	Chronications the state of the part of the	DER/Outpetien ER/Outpetien FINJURY Der, Year For insuration and a my knowledge axamination and	tory Fa	933 ot anter the r silure ilure Gist Ave mode of dylng, su mia in B. (a) Levish f place of oeath (c) prome 5 Residence NJURY AT WORK? YES 2 NO fice the and place, and de , death occured at the 29c. LICENSE NO	I ast. Check only of the control of the time, date.	Crisis 24a. WAS A PERFO 1 TYES 1 TYES CATION (Street or Rown, Stet Dues(a) and me and place, or	N AUTOPSY RIMED? 2 N NO INJURY OCC and Number on one state and due to the	24b.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 1	

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

1	틳	ą	ä
-	ľ.	2	d
		Se P	W
BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit permit. Page 1.2	
H	may	lor, pa	
MO	age 6	direct	
5	ath.	uneral	
BA	fter de	the f	oval.
	ours a	lin by	or rem
	7	filled	jou, c
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	xecuted within	and completely	hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
ŏ	ite be e	ysician	prior to
. B	ertifica	ng ph	giene
P.0	eath c	attend	ntal H)
38,	the d	y the	nd Me
ORI	s that	d paul	alth ar
Ü	require	een sig	of He
I F	we law	has be	Dept.
/ITA	AN: Th	ificate	State
Ĭ.	YSICI	s cert	ith the
N	AG PH	ter thi	ath w
310	ENDI	DR: Af	fter de
N	TIN AIL	IRECTL	Turs at
	0		2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR	SIAIL OF MARIEL	CERTIFIC			REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	ELEANO				2. DATE OF DEATH	/22/91 AV YEAR	3. TIME OF DEATH4 : 3
	GANTZ					2 91	433A M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	
080-24-4906		59 YRS.			NOV.3,1	T	
SHADY GROVE	ADVENTIST J	HOSP.		OR LOCATION OF D	EATH	9c. COUNTY OF	Y.532
RESIDENCE OF DECEDENT	HITTISI HON	t _q	ROC	KVILLE		MONTG	OMERY
10e. STATE 10b. COUNT	Y 1	10c. CITY,	TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
MD. MOI	NTGOMERY	GA	ITHER	SBURG			1 X YES 2 NO
IOe. STREET AND NUMBER			1	Of, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
7611 HAWK	INS CREAME	RY RD.		20882		U.S	.A.
II. MARITAL STATUS	12. WAS OECEDENT EVER I				NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	e or No- 14. RAC Black	CE — American Indian, ck, White, etc.
Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	S 2 NO Speci		Spe	WHITE
15. DECEDENT'S EDU	CATION	16e. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTRY	WILLE
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+j		ork done during n		2000,700		
12	Conlege (1-4 of 5 f)	вооккв	EPER		ВО	OKKEEPI	NG
7. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
HARRY	FORIN			SAR	AH	UNKNOWN	
9e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street	end Number or Rural	Route Number, City or Tov	vn, Stete, Zip Code)	
JORDAN GA	NTZ	35 A	NCHOR	DR., W	ATERFORD	, N.Y.	12188
0g. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Ram	200 acvat from State	b. PLACE OF DISPOSI other place)	TION (Name of c	emetery, cremetory or	20c. L0	OCATION — City or 1	
☐ Donation 5 ☐ Other (Specify)		MARYLAN			EMETERY	CHELTE	NHAM, MD.
1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2	22. NAME	AND ADDRESS OF F	ACILITY		20737
11.9N CK	amberell	M00091	. W. W	. CHAMB	ERS CO.,	RIVERD	
23. PART I. Enter the diseeses, or	complications that cause	d the deeth. Do no					Approximata
shock, or heart feliure. iMMEDIATE CAUSE (Final	Liet only one ceuse on e		METIMO	NTA	DECTION	FNT /	interval Between Onest and Reath
disease or condition reauiting in death)	ASOLAN	RATION F	veum	NIA	Recur	int	6 hrs
readiting in death)	DUE TO (OR AS	A CONSEQUENCE OF	:		0	. ,1	1
Output and all the black are all stress of	a Cewill	MAN B	ARRE	541	valorine	with	22dA45
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF	4	utonda	c dysfe	uction) '
CAUSE (Disease or Injury	C				- (
that initiated eventa reauiting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	•				j
	d						+
PART II. Other significant condition	_ /		A	ng cause given in		N AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Possible IIN.	e-related	5-4/919	due	to	1 _ YES		COMPLETION OF CAUSE OF DEATH?
	5+	nokyloa	sins	6, pider	ridis		1 YES 2 NO
		/					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)		
1 TYES 2 N HO	12 Linputient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	NJURY AT VORK?	26d. DESCRIBE HOW	INJURY OCCURED	
1/ Natural 6 Pending 2 Accident Investigation			M 1	YES 2 1-NO	1		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spi	Y — At home, ferm, at oc/fy)	treet, factory, of	lice	281. LOCATION (Street City or Town, State	end Number or Rura)	I Route Number,
ana)	SICIAN: To the best of my know						e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CENTRAL	m// m//			29c. LICENSE NO	JMBER 4	29d. DATE SION	ED (Month, Day, Year)
1/1	1 / Sepul	MD		D 39	,404	D 8-2	2-91
30. NAME MOTOGRADE PERSON W	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print()	7 1/2 4	t 201	100	- 101
MICHARL A.	SAURI CAUSE OF D	ROCK	ed et	RDN +	0850	 : - -	
31. DATE FILED (Month, Day, Year) AUG 23 'Q1	Julia Davida						

102 - 10

CO. MANILAND CIC	d within 24 hours with dearn. Page 6 may be retained by the hospital or at	mpletely filled in by the funeral director, page 5 should be detached for use cremation, or removal	went, the medical examiner must be notified at once.
CALLINORE, MANILAND ZIZ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death care. Bug is not at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral elector, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
	TO THE H	TO THE FL. be filed wi	IMPORTA

	91-4	690-0	3 1									
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPARTA	MENT OF	HEALTH AND DE DEATH	ND MEN	ITAL HYGIEN		91	24692
	1. DECEDENT'S NAME (Fin RICHARD 4. SOCIAL SECURITY NUM			/ID	GI	REENI	BERG	2. C	ATE OF DEATH	AY	VEAR 3.	TIME OF DEATH
	578-58-112	O	5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. In:		NTHS DAY			MATE OF BIRTH Wonth, Day, Year) Bust 25,	194	Countral	ACE (State or Foreign
TOR	9a, FACILITY NAME (If not 14680 S	UGARL	AND ROAL)	91		N OR LOCATION OF	OF DEATH		9c. COUR	NTGOM	тн
DIRECTOR	10a. STATE Maryland	10b. COUNT	omery		10c. CITY, TO	OWN OR LO					10	d. INSIDE CITY LIMITS? YES 2 M NO
ERAL	100. STREET AND NUMBER 14680 Sugar	R	233		1 2002		101. ZIP CODE 20837			- 175		T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 3 Wildowed 4 Div	Merried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	If yea,	DECENDENT OF H specify Cuban, M YES 2 X NO	laxican, Pu	RIGIN? (Specify Yes		14. RACE — Black, W	American Indian, Thita, atc. White
COMPLETED	15. DE (Specify of Elementary/Secondary	CEDENT'S EDU- nly highest grade (0-12)	CATION completed) College (1-4 or 5 +) (G	CEDENT'S USI ive kind of work Do NOT use re	JAL OCCUP done during tired.)	ATION most of working		Pet Suj			
BE CON	17. FATHER'S NAME (First, Arnold Side	ney Gre	enberg				Ruth	E. "	rst, Middle, Maiden Rosendor	Sumame)	ann	
9	19a. INFORMANT'S NAME Joan Greent	erg	(WIFE)						Number City or Tow			nd 20837
	20a METHOD OF DISPOSI 1 Method 2 Cremati 4 Donation 5 Other	t (Specify)		20b. PLACE	AND DATE OF D matory or other Isrea	ISPOSITION	(Name of			CATION —	City or Town,	State
	21. SIGNAZINE OF FUNDA	6	agan			DANZ/ 1170	Rockvil	Lle P	RG MEMOR	RIAL (CHAPEI	LS, INC.
	23. PART I. Enter the shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death)	nai	. ATTITE	se on eech line	one i	enter the	mode of dying,	auch aa	cerdiac or respi	ratory arr	eat,	Approximate Intervel Between Onset and Death
CERTIFICATION	Sequentielly list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated eventa resulting in death) LAS	diate ING ury		OR AS A CONSEC								
PHYSICIAN: MEDICAL C	PART II. Other signific	ent condition	a contributing to	deeth but not n	esulting in th	ne underly	ing cause give	n in Pert i	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 \(\) NO
SICIAN:	25. WAS CASE REFERRED TEXAMINER? TX YES 2 NO	O MEDICAL	HOSPITAL:	FR/Outpatient 3		HER:	PLACE OF DEATH					
à	2 Accident	Pending investigation	26a. DATE OF I (Month, Da	NJURY y, Year) INJURY — At hor	26b. TIME OF INJURY	26c.	ome 5 Reside	28d.	DESCRIBE HOW IN			N.
COMPLETED	4 Homicide 29a. CERTIFIER (Check only 1 CER	Could not be determined TIFYING PHYSIC	CIAN: To the best of r	my knowledge, de	eth occurred at	the time, do	ete and place, and	due to the	LOCATION (Street a City or Town, State) cause(a) and man	ner sa state	d,	
BE	296 SIGNATURE AND TITLE		e: On the basis of axi	INVESTIGATION BUTCH	rivestigation, in	my opinion	29c. LICENSE	NUMBER				nth, Day, Year)
2 ∦	30 NAME AND ADDRESS O	E PERSON WHO	COMPLETED CALLS	. 05 051711 (175			1 0.	C.M.	E	0	8/18	/1991

08/18/1991

THESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A - W . M 1 P

On the Day, Year)

32. REGISTRAE'S SIGNATURE

1 91

PENN

permit.

BY

COMPLETED

BE

2

deta		000
8		75
5 should		notified
page		9
lirector,		r must
funeral d		examine
d in by the	or removal	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
y fille	tion,	the
ompletel	I, crema	event,
and co	to buria	matic
hysiciar	prior a	or trau
d Built	ygien	othe
ащел	ntal H	y, or
the	d Mei	in la
ed by	th an	any
Sign	Heat	SMC
peer	II. of	5
has	8	23
icate	State	Item
ertil	the	0
this c	with	rked,

NO

CERTIFICAT

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

31. DATE FILED (Month, Day, Year)

AUG 21

191

OF VITAL

DIVISION

The

DIRECTOR: After the hours after death them 28 is mark

TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho

death

is marked,

OR ATTENDING PHYSICIAN:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 24693 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH GARNER 8 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day,) 6/5/14 1 M 2 KF 579-44-2803 DAYS HOURS MIN. 77 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hebrew Home of Greater Washington Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15301 Pine Orchard Drive #3G 20906 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Maxican, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES ZE NO Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 **Owner** Retail Liquor Store 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Harry Ehrlich Dora Troshinsky 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frank J. Garner 15301 Pine Orchard Dr. #3G, Silver Spring, MD. 20906 (husband) 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State n 3 - Removal from State B'Nai Israel Congregation 8/20 Oxon Hill, Maryland 4 Donation 5 Gather (Specify) CONATURE OF FONEMAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. au 1170 Rockville Pike, Rockville, MD, 20852 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximata nterval Between IMMEDIATE CAUSE (Final Onsat and Deeth disease or condition ARDIO PULMONARY reculting in deeth) DIAC INFRACTION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS scular 1 TYES 2 NO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL 1 TYES 2 NO OTHER:
4 M Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 8 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death the time, date and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

140

HYSICIAI 8 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HEBREW HOME GREATER WASH DF 32. REGISTRAR'S SIGNATURE

01 21693 N 21 11 8 8

A ton market

	afte
	hours
	24
50,	within
(687	executed
?	8
.O. BC	certificate
S, D	death
ö	the state
OR	that
REC	requires
_	WE
A	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
5	DR
_	-

			ERTIFI	9711 III				REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)							MONTH		DAY	YEAR	3. TIME OF DEATH P
Anna Marie Hock	5. SEX	AOF (1 1-			was I		08	OF BIRTH	5	91	5:55
219-36-7485	1 M 2 XF	8. AGE (In yrs. Is 8 1		MONTHS I		IF UNDER 24 HRS. HOURS MIN.	(Month	, Day, Year)	000	Countr	
9a. FACILITY NAME (If not institution, give str	reet and number)	01		9b. CITY, T	OWN OR	LOCATION OF		28,1		NTY OF D	P.A.
The Kent & Queen A	nnes Hosp	oital,	Inc.	Che	este	rtown				Kent	,
10a. STATE 10b. COUNTY M D	Kent			ste:							10d. INSIDE CITY LIMITS? 12 YES 2 NO
10e. STREET AND NUMBER					10f. 2	OP CODE					WHAT COUNTRY?
202 N. Queen						216				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	NO NO	lf :	yes, spec	IDENT OF HISP. Ify Cuban, Mexi	can, Puerto F	? (Specify Ye lican, etc.)	e or No-	14. RACE Black Speci	- American Indian, t, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade of		16a. D	ECEDENT'S I Give idnd of w	USUAL OCC	CUPATION	of working	16b.	KIND OF BU	JSINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		s. <i>Do NOT us</i> Schoo					Ele	ment	ary	school
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	IAME (First, A	fiddle, Malde	n Sumame)		
Robert Mallil	ieu Smi	th				Mary	Fran	cis	Catt	erto	on
19a. INFORMANT'S NAME (Type/Print)		1	Db. MAILING	ADDRESS (Street and	Number or Rure	/ Route Numb	er, City or To	wn, State, Zh	Code)	
Arthur Hock			204 (Queer	n S	t, Che	ster	town	, MD	101	21620
20a, METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremation 3 🗆 Ramo 4 🗆 Donation 5 🗀 Other (Specify)	oval from State		E AND DATE			etery	8/1	8 Cr			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	20115		F	e11	ADDRESS OF U	nera			lind	21651 gton,MD
Sequentiely list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR'AS A CONSI	EOUENCE OF	7):		lica Jufa	ref	नंतरा			
that initiated events resulting in death) LAST	JUE 10 (OR AS A CONSI	EOUENCE OF	·):							
PART II. Other eignificent condition	s contributing to d	death but not	resulting l	n the und	lertying	ceuse given	n Part I.		N AUTOPSY ORMED? 2 P NO	248	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25 WAS CASE DESERBED TO MEDICAL					00.01.0	OF OF BEATH	01 1 1	- 1			
EXAMINER?	HOSPITAL:	ER/Outpatient	3 [] DOA	OTHER:		CE OF DEATH					
1 U YES 2 MO 27. MANNER OF DEATH 1. Natural 5 Pending	HOSPITAL: 1 patient 2 28a. DATE OF (Month, De	NJURY	26b. TIM	4 🗆 Nursi	ng Home 28c. INJU WOR	5 Residenc	e 6 □ Othe		INJURY OC	CCURED	
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	28a. PLACE OF	NJURY	26b. TIMI	4 Nursi	ng Home 28c. INJU WOR 1 YE	5 Residenc	28d, DES	r (Specify) SCRIBE HOW	t and Numbe		Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Netural 5 Pending Investigation 2 Accident Investigation 3 Sutcide 6 Could not be determined	28a. PLACE OF building, of CIAN: To the best of a	NJURY y, Yber) INJURY — At Parts. (Specify) Try knowledge, of	26b. TIMI INJ nome, farm, s	4 Nursi	ng Home 28c. INJU WOR 1 YE ry, office	5 Residence RY AT K7 S 2 NO	28d. DES	T (Specify) SCRIBE HOW ATION (Street or Town, State Jee(a) and m	t and Numbe	or or Rural	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Natural 5 Pending Investigation 2 Accident Investigation 3 Subcide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28a. DATE OF I 28a. DATE OF I (Morth, De 28a. PLACE OF building, a	NJURY y, Yber) INJURY — At Parts. (Specify) Try knowledge, of	26b. TIMI INJ nome, farm, s	4 Nursi	eng Home 28c. INJU WOR 1 YE ry, office	5 Residence RY AT K7 S 2 NO	28d. DES 28d. LOC City ue to the car the time, deta	T (Specify) SCRIBE HOW ATION (Street or Town, State Jee(a) and m	t and Numbe e) enner as ste and dus to t	or or Rural	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sutcide 6 Could not be detarmined 29a. CETTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF (Month, De 28a. PLACE OF building, e	NJURY y, vbar) INJURY — At It. (Specify) my knowledge, camination and/o	26b. TIM INJ nome, farm, s death occurre r investigatio	4 Nursi E OF 2 URY M street, factor ad at the tim n, in my op	eng Home 28c. INJU WOR 1 YE ry, office	5 Rasidence TK7 K7 K7 K8 2 NO	28d. DES 28d. LOC City ue to the car the time, deta	T (Specify) SCRIBE HOW ATION (Street or Town, State Jee(a) and m	t and Numbe e) enner as ste and dus to t	or or Rural	a) and manner as stated

5	0	3
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by now, a short death with the State Beet, of Health and Mental Hydiene prior to burial, cremation, or removal.	
9	S	j
Pe	96	
nay	0	-
9	eg.	
8	2	
\$	70	
death.	funer	
ler.	雪雪	
af	BE	
Urs	5	
0	8 .	
A	Tion Tion	:
hin	SE E	
₹	500	
De la	100 FB	
900	Pag	:
8	5 5	
2	Cia	
ate	SE	
ţį	a pl	
e	in S	
듔	a te	
de	ent	
the	品を	
at	300	ľ
45	P E	
9	Sig	
90	E 10	
3	20	
9	has De	1
F	ate	
AN	Siles	
S	E €	
₹	Sign	
4	the the	
NIN	Afte	2
8	œ 2	5
E	8	3
B	E E	9
0	0 8	
K	A S	4

31. DATE FILED (Month, Day, Year)
AUG 2 6 1991

- 1	REGISTRAR 1. DECEDENT'S NAME (First, Mi			1	CERTIF	ICAIL	UF	DEAIR	_	2. DATE OF MONTH	REG. NO.		YEAR	3. TIME OF DEATH
	Jesse F. Har		Jr.							8	26			900 9:00
	4. SOCIAL SECURITY NUMBER	•	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS.	7. DATE OF (Month, L		1	Country,	PLACE (State or Foreign)
	213-24-9809		1 💢 M 2 🗌 F		64 YAS.						1/1927			Maryland
	9a. FACILITY NAME (If not institu	tution, give s	treet and number)			9b, CITY	, TOWN O	R LOCATION	OF DEA	тн		9c. COUNT	TY OF DE	ATH
ō	Meridian Nur	rsing	Home			Fre	ederi	ick				Fred	eric	k
DIRECTOR		Ob. COUNTY	1	No.	10c. Cl	ry, town o	OR LOCATI	ION						10d. INSIDE CITY LIMITS?
0	Maryland	Frede	erick		Ij	amsvi	ille							1 YES 2 NO
AL	10e. STREET AND NUMBER						101.	ZIP CODE				10g. CITIZI	EN OF W	HAT COUNTRY?
FUNERAL		97:	17 Finger				2	21754				USA		
FU	11. MARITAL STATUS 1 X Never Merried 2 Me		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.				ENDENT OF			(Specify Yes o	or No-	14. RACE Black,	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorce		IF YES, GIVE V					2 📉 NO			,,		Specify	
ED	15, DECED	ENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	N .	-	16b. K	IND OF BUSI	NESS/INDU	STRY	Black
	(Specify only hi Elementary/Secondary (0-12	ighest grade			(Give kind of life, Do NOT t	work done	during mos	st of working		1				
COMPLET	7	"	completion of a		armin	o				F	arm			
OS	17. FATHER'S NAME (First, Midd	fle, Last)				-		16. MOTHE	R'S NAM		Idle, Malden S	'urname)		
ш	Jesse T. Har	ris						Nora	а М.	Snor	wden			
9 0	19a. INFORMANT'S NAME (Type				19b. MAILIN	G ADDRESS	S (Street ar				City or Town,	State, Zip (Code)	
10	Sterling Har	ris			9719	Finge	erboa	ard Ro	1	Liams	sville	. MD	21	754
	20a, METHOD OF DISPOSITION 1 N Burtal 2 Cremation	N 3 Rem	oval from State		CE AND DA			(Name	-34	DATE	20c. LOC	ATION — C	Ity or Tov	vn, Stata
	4 Donation 5 Other (S)	pecify)				-								
	21. SIGNATURE OF FUNERAL S			LDE	nezer	Ceme	etery	V		18/29	91 Cen	terv	ille	MD
	0/	SERVICE LIC	CENSEE	/ EBE	nezer			ID ADDRESS	OF FACE	18/29	O Centauffe	r Fu	ille nera	1 Home
	> Houd	SERVICE LIC	CENSEE	1		22.	NAME AN	ID ADDRESS		St	tauffe	r Fu	nera	, MD 1 Home , MD 2170
	23. PART I. Enter the dise	easea, or o	complications that	Lenur at caused tha	uer daath. Do	16	NAME AÑ	o adoness Opossi	umto	wn P	tauffe ike, F	r Fu	nera rick	1 Home
	23. PART i. Enter the dise shock, or hea	pasea, or out fallure.	Li	Lenur at caused tha	uer daath. Do	16	NAME AÑ	o adoness Opossi	umto	wn P	tauffe ike, F	r Fu	nera rick	1 Home , MD 2170
	23. PART I. Enter the diseahock, or hear iMMEDIATE CAUSE (Final disease or condition	pasea, or out fallure.	complications that	Lenur at caused tha	uer daath. Do	16	NAME AÑ	o adoness Opossi	umto	wn P	tauffe ike, F	r Fu	nera rick	Home , MD 2170 Approximata Interval Betw
	23. PART I. Enter the dise abock, or has IMMEDIATE CAUSE (Finel	pasea, or out fallure.	complications the	Lenur at caused tha	daath. Do	16 not antar	NAME AÑ	o adoness Opossi	umto	wn P	tauffe ike, F	r Fu	nera rick	Home , MD 2170
z	23. PART i. Enter the dise shock, or hea iMMEDIATE CAUSE (Finei disease or condition resulting in death)	passa, or earl fallure.	complications the	Lenur at caused tha use on each i	daath. Do	16 not antar	NAME AÑ	o adoness Opossi	umto	wn P	tauffe ike, F	r Fu	nera rick	Home , MD 2170 Approximata Interval Betw
TION	23. PART I. Enter the diseahock, or hear iMMEDIATE CAUSE (Final disease or condition	pessea, or cirt fellure.	a. Due To	Lenur at caused tha use on each i	daath. Do Ina.	not antar	NAME AÑ	o adoness Opossi	umto	wn P	tauffe ike, F	r Fu	nera rick	Home , MD 2170 Approximata Interval Betw
ICATION	23. PART i. Enter the dise shock, or hee iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	peases, or or fallure.	a. DUE TO	t caused that use on aach if the country of the AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A	daath. Do Ina. SEOUENCE	22. 16 not enter	NAME AÑ	o adoness Opossi	umto	wn P	tauffe ike, F	r Fu	nera rick	Home , MD 2170 Approximata Interval Betw
TIFICATION	23. PART i. Enter the diseahock, or hea iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events	peases, or or fallure.	a. DUE TO	entrate caused that use on each i	daath. Do Ina. SEOUENCE	22. 16 not enter	NAME AÑ	o adoness Opossi	umto	wn P	tauffe ike, F	r Fu	nera rick	Home , MD 2170 Approximata Interval Betw
ERTIFICATION	23. PART i. Enter the dise shock, or hea iMMEDIATE CAUSE (Finei disesse or condition resulting in death) Sequentially list condition if amy, leading to immedia cause. Enter UNDERLYINK CAUSE (Disesse or injury	peases, or or fallure.	a. DUE TO	t caused that use on aach if the country of the AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A	daath. Do Ina. SEOUENCE	22. 16 not enter	NAME AÑ	o adoness Opossi	umto	wn P	tauffe ike, F	r Fu	nera rick	Home , MD 2170 Approximata Interval Betw
O	23. PART i. Enter the diseahock, or hea iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events	pesses, or or trifallure.	a. DUE TO d	t caused that use on aach if the control of the con	death. Do ina. SEQUENCE (SEQUENCE (22. 16 not antar	NAME AN 621 (Fr the moor	oposst Oposst de of dylne	umto	own P	tauffe ike, F c or respire	er Fu: 'rede 'rede	nera	1 Home , MD 2170 Approximate interval Betwonset and De
O	23. PART i. Enter the diseahock, or hea iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYMOCAUSE (Disease or injury that initiated events resulting in death) LAST	pesses, or or refallure.	a. DUE TO d	t caused that use on aach if the control of the con	death. Do ina. SEQUENCE (SEQUENCE (22. 16 not antar	NAME AN 621 (Fr the moor	oposst Oposst de of dylne	umto	aa cerdie	tauffe ike, F oc or respire	er Fu: 'rede 'rede	nera	1 Home , MD 217(Approximate Interval Betwoonset and Do WERE AUTOPSY FINDIA ANALABLE PRIOR TO COMPLETION OF CAUSE
EDICAL C	23. PART i. Enter the diseahock, or hea iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYMOCAUSE (Disease or injury that initiated events resulting in death) LAST	pesses, or or refallure.	a. DUE TO d	t caused that use on aach if the control of the con	death. Do ina. SEQUENCE (SEQUENCE (22. 16 not antar	NAME AN 621 (Fr the moor	oposst Oposst de of dylne	umto	aa cerdie	tauffe ike, F c or respire	er Fu: 'rede 'rede	nera	Approximate Interval Betwoonset and Do
MEDICAL C	23. PART i. Enter the diseahock, or hea iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYMOCAUSE (Disease or injury that initiated events resulting in death) LAST	pesses, or or refallure.	a. DUE TO d	t caused that use on aach if the control of the con	death. Do ina. SEQUENCE (SEQUENCE (22. 16 not antar	NAME AN 621 (Fr the moor	oposst Oposst de of dylne	umto	aa cerdie	tauffe ike, F oc or respire	er Fu: 'rede 'rede	nera	1 Home , MD 217(Approximate Interval Betwoonset and Do WERE AUTOPSY FINDIA ANALABLE PRIOR TO COMPLETION OF CAUSE
AN: MEDICAL C	23. PART i. Enter the diseahock, or hea iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYMOCAUSE (Disease or injury that initiated events resulting in death) LAST	pessea, or or tri fallure. na, ata G conditier	a. DUE TO d	t caused that use on aach if the control of the con	death. Do ina. SEQUENCE (SEQUENCE (22. 16 not antar	NAME AN 621 (of Address Opos St	yen in F	aa cerdis	tauffe ike, F ic or respire	er Fu: 'rede 'rede	nera	Approximate Interval Betwoonset and Do
SICIAN: MEDICAL C	23. PART I. Enter the diseahock, or heal immediate CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART K. Other eignificant in the cause of the cause in the cause of the cause in the cause of the cause in the cause of the c	pessea, or or tri fallure. na, ata G conditier	a. DUE TO b. DUE TO d. HOSPITAL:	entransport of the state of the	death. Do Ina. SEQUENCE (SEQUENCE (SEQUENCE (SEQUENCE (22. 16 not anter DF): DF): OF): OTHE	nderlying	do Adoness Opos St da of dyling g cause glv	yen in F	own P:	tauffe ike, F correspond	er Fu: 'rede 'rede	nera	Approximate Interval Betwoonset and Do
HYSICIAN: MEDICAL C	23. PART I. Enter the dise shock, or hea iMMEDIATE CAUSE (Finei disesse or condition resulting in death) Sequentially list condition if any, leading to immediaceause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART M. Other eignificant of the condition of the cond	pessea, or or tri fallure. na, ata G conditier	a. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetiant 2 28a. DATE Of	erunal caused that use on aach is considered to considered the cause on aach is considered to considered the cause of considered the cause of considered the cause of considered the cause of considered the cause of considered the cause of	daath. Do ina. SEOUENCE (SEOUENCE (SEOUENCE (Ot resultainty 1 3 □ DOA 28b. Til	22. 10 not anter OFF): O	nderfying 26. PL	de of dyling g cause gly ACE OF DE	yen in F	own P:	tauffe ike, F correspond	er Fu: 'rede 'rede	nerarick	Approximate interval Betwonset and Donest an
PHYSICIAN: MEDICAL C	23. PART i. Enter the dise shock, or head immediate CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART M. Other significant cause. Examiner? 25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P	peases, or our failure.	a. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetiant 2 28a. DATE Of	It caused that use on aach if the country of the cause of	daath. Do ina. SEOUENCE (SEOUENCE (SEOUENCE (Ot resultainty 1 3 □ DOA 28b. Til	22. 16 not anter DF): DF): OF): OTHE	nderlying 26. PL 128. INJ 128. INJ 128. INJ 128. INJ 128. INJ	g cause glv	yen in F	own P:	tauffe ike, F correspire 24a. WAS ANA PERFORM 1 □ YES 2	er Fu: 'rede 'rede	nerarick	Approximate interval Betwonset and Donest an
BY PHYSICIAN: MEDICAL C	23. PART I. Enter the dise shock, or hea iMMEDIATE CAUSE (Finei disesse or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART M. Other significant in the condition of the cause of	pesses, or or fallure. In a, ata G Condition MEDICAL Medical problem of the conding vestigation	a. DUE TO b. DUE TO d. DUE TO d. DUE TO d. DUE TO 28a. DATE OI (Month, I	It caused that use on aach if the property of	daath. Do ina. SEOUENCE (SEOUENCE (SEOUENCE (SEOU	22. 10 not enter OF): OF): OF): OF): Me of	nderfying 26. PL Paring Hom	g cause glu ACE OF DE	yen in F	Part I. 2 ck only one) 8 Other (28d, DESC	tauffe ike, F ic or respire 24a. WAS AN A PERFORM 1 YES 2	Trede rede	nerarick et,	Approximate interval Betwonset and De Onset
ED BY PHYSICIAN: MEDICAL C	23. PART i. Enter the dise shock, or hee iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other significant CAUSE (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Period CAUSE (Disease) S Condition of the co	peases, or our failure.	a. DUE TO b. DUE TO d. DUE TO d. DUE TO d. DUE TO 28a. DATE OI (Month, I	ercaused that use on asch is coursed to come as a control of the course	daath. Do ina. SEOUENCE (SEOUENCE (SEOUENCE (SEOU	22. 10 not enter OF): OF): OF): OF): Me of	nderfying 26. PL Paring Hom	g cause glu ACE OF DE	yen in F	Part I. 2 ck only one) 8 Other (28d, DESC	tauffe ike, F ic or respire 24a. WAS AN A PERFORM 1 YES 2	Trede rede	nerarick et,	1 Home , MD 217(Approximate Interval Betwood Onset and Domest and
ED BY PHYSICIAN: MEDICAL C	23. PART I. Enter the dise shock, or hea iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list condition if arry, leading to immediac cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other eignificant in the condition of the co	pesses, or or failure. I condition MEDICAL MEDICAL Medical Me	DUE TO DUE TO	De Control of the Con	death. Do ina. SEOUENCE (SEOUEN	22. 10 not enter DF): OF): OTHE 4 Nor ME OF HJURY M , street, fac	nderfying 26. PL Page 1 NJ 28c. INJ 28c. INJ Corry, office	g cause glu	yen in F	Part I. 2 ck only one) s Other of 28d, Desco	tauffe ike, F ic or respire 24a. WAS AN A PERFORM 1 YES 2 (Specify) RIBE HOW IN	Trede atory street	nerarick et, 24b.	1 Home , MD 217(Approximata Intarval Betwood Onset and Double of the Completion of Co
D BY PHYSICIAN: MEDICAL C	23. PART I. Enter the dise shock, or hea iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant in the condition of the cause of	pesses, or or failure. India ata a condition MEDICAL MEDICAL Print Physics Phys	DUE TO b. DUE TO c. DUE TO d	CONTROL OF INJURY — Air of my knowledge	death. Do ina. SEOUENCE (SEOUEN	22. 10 not enter OF): OF): OF): OF): OF): OF): OTHE 4 Nor ME OF HUNRY M	nderfying 26. PL 28c. INJ 28c. INJ ctory, office	g cause glu ACE OF DE/ LACE OF DE/ LINKY AT LYKES 2	yen in F	Part i. 2 ck only one) b Other (28d, Desco	tauffe ike, F correspire 24a. WAS AN A PERFORM 1 YES 2 (Specify) RRIBE HOW IN FION (Street ar Town, State)	untopsy MED?	nerarick et, 24b.	1 Home , MD 217 Approximate Interval Betwoen and D WERE AUTOPSY FIND AMAILABLE PRIOR PO CAMPLETION OF CAU OF DEATH? 1 YES 2 PRO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Berthold Hammersmith	MONTH DAY	9 YEAR 3574 M
	4. SOCIAL SECURITY NUMBER 3. SEX 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. WONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 2, 1925	a. BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give street and number) Anna Arundel Medical Center Annapoli	DEATH 9c. CO	ounty of Death me Arundel
FUNERAL DIRECTOR	Maryland Anne Arundel Annapolis 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER		10d. INSIDE CITY LIMITS? 1 SYES 2 NO CITIZEN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1	ANIC ORIGIN? (Specify Yes or No-	U.S.A. 14. RACE — American Indian, Black, white, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give kind of work done guring most of working the Do NOT use retired.) UPC TVI FO (1) the Do NOT use retired.)		INDUSTRY
OMPL	12 Ins. Claims Adjuste: 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S N	r State of	Maryland
H	Carl F. Hammersmith Glen: 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Parts	a Bauman	Zip Code)
10	Charisse Bortle 656 Kimberly Way, 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name		e,MD 21666
	1 Burlei 2 Occupation 3 Remains from State of cemetary, crematory or other place) 4 Donestign 5 Other (\$2.50) 21. BIONATURE OF FUNERAL RESINICE LICENSEE 22. NAME AND ADDRESS OF (\$2.50)	FACILITY	03.103
	Taylor Funday 147 Glouce 23. Payl I. Extensible pheases, or compilestiffice that caused the death. Do not enter the mode of dying, so	neral Chapel	21401 napolis,MD erreet, Approximate
	IMMEDIATE CAUSE (Finei disease or condition reculting in deeth) DUE TO (OR AS A CONSEDUENCE OF):		interval Between Onset and Death
RTIFICATION	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		
MEDICAL CERTIFICATION	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given PALUMINI	In Part I. 24s. WAS AN AUTOP: PERFORMED/ 1 YES 2 IN ND	AVAILABLE PRIOR TO
NAI:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)	
PHYSICIAN	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c, INJURY AT	e 6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY	OCCURED
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation		
유	3 Suicide 8 Could not be determined 28s. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Nun City or Town, State)	iber or Hural Floute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and done) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE N	1UMBER 29d. 1	DATE SIDNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert Biern, M.D. 51 Franklin St., A	nnapolis MD	21401
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG 2 8 1991 Sula Sevidan Rondon		

2001

1.0

:-1

_

A 71 137 188

1937 180 4

AUG 28 91

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CI					REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		721	11 1			OF DEATH			3. TIME OF OEATH
WILLIAM ANDR	EW HUGH	ES		XXXXX	XXXX	AU	aus/	201	YEAR OA)	2350
4. SOCIAL SECURITY NUMBER 214-/2-6995	5. SEX	6. AGE (In yrs. les	si birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	05/BIRTH 1, Day, Year) 14-19		Countr	PLACE (State or Foreign ry) ryland
9a. FACILITY NAME (If not institution, give PENINSULA GENE RESIDENCE OF DECEDENT	-100 -1011	TAL		96. CITY, TOWN C	ISBURY			9c. COUN	TY OF D	
10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LOCAT	TION					10d. INSIDE CITY
Maryland Do	rchester	r		Churc	h Cree	k				LIMITS?
10e. STREET AND NUMBER					. ZIP CODE	7.		10g. CITIZ	EN OF V	WHAT COUNTRY?
1944 Church	Creek Ro	oad			2/162	2		1	USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF	RMED NO	If yes, sp	CENDENT OF HISP ecity Cuben, Mex 2 NO Spe	can, Puarto		or No—		E-American Indian, k, White, etc.
15. DECEDENT'S ED	UCATION	16a. DE	ECEDENT'S	USUAL OCCUPATION	ON .	18b	KINO OF BUS	SINESS/INO	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	work done during mo se retired.)	ist or working					
6 Years			Sawy	yer			Lumb	er M	i11	
17. FATHER'S NAME (First, Middle, Lest)		-			16. MOTHER'S	NAME (First,	Middle, Maiden	Surname)		
William Ben	jamin H	Hughes			An	nie	Brit	tina]	ham	
19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS (Street a						
Celia F. Hugh	es	1	944	Church	Creek	Rd.	, Chu	rch (Cre	21622 ek, Md.
1 NBurial 2 Cremation 3 Re		Doro	hest	ter Mem			24 Cai	mbri	dge	, Md.
21. SIGNATURE OF FUNERAL SERVICE **Example 1. Enter the diseases, o	R Ivers	ee J.	eath. Do	22. NAME AI T 700		Fune:	Camb:	ridge		Approximate
21. SIGNATURE OF FUNERAL SERVICE **Light Service of Funeral Service of August Servi	r complications the b. List only ons cet	at caused the deuse on each line CO DE OOR AS A CONSE LU OOR AS A CONSE	eath. Do e.	22. NAME AIT TO O O O O O O O O O O O O O O O O O	homas <u>Locust</u> ode of dying, a	Fune: St.	Camb:	ridge		Approximata interval Between
23. PART i. Enter the diseases, o ahock, or heert fellure immediate or conditions, if any, leeding to immediate cause. Enter UNDERLYING	a. Due to b. Jule to Due Due to Due Due Due Due Due Due Due Due Due Due	at caused the deuse on each line COPE ORAS A CONSE	COUENCE O	22. NAME AIT TO O TO THE TO TH	homas Locust Locust de of dying, a Ces huce	Fune; St. uch as carre	Camb:	ridgeratory amo	eat,	Approximata interval Betwee Onset and Del
23. PART i. Enter the diseases, o shock, or heert failure immediate or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART ii. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	A Course of the control of the contr	at caused the deuse on each line COP AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	COUENCE O	22. NAME AIT 700 not anter the months:	homas Locust Ade of dying, a Ces hus Cauco g ceuse given	Fune; St. uch as carr uch as c	Cambidiac or reapi	ridgeratory amo	eat,	interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
23. PART i. Enter the diseases, o shock, or heert failure immediate cause. Enter undertained in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART ii. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 27. MANNER OF DEATH 1 Netural 5 Pending	Couplications the List only one certain DUE TO DUE TO DUE TO d. DUE TO d. DUE TO DUE T	at caused the deuse on each line CLOPE O OR AS A CONSE O OR AS A CONSE O OR AS A CONSE O COR AS A CONSE O COR AS A CONSE	eath. Do e.	22. NAME AIT 700 not anter the modern the mo	homas Locust Locust Locust Ces hus Cauco g ceuse given	Fune; St. uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre uch as carre	Cambidiac or reapi	ridgeratory arre	246	Approximate interval Betwee Onset and Det On
23. PART i. Enter the diseases, o shock, or heert failure immediate or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART ii. Other aignificant conditions. 1	A Complications the b. List only one certain DUE TO DUE TO DUE TO d. DUE TO d. HOSPITAL: 1 Properties 2 (Month, Ed. Month, at caused the deuse on each line CLO PLE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	eath. Do e.	22. NAME AIT 700 not anter the modern the mo	homas Locust Ide of dying, a Ces kus Ces kus Ges kus	In Part I.	Cambidiac or reapi	AUTOPSY MAED? INJURY OCC and Number	24b	Approximate interval Betwee Onset and Det On	
23. PART i. Enter the diseases, o shock, or heart failure immediate cause. Enter Undertail immediate cause. Enter Undertailing in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Undertailing in death) PART ii. Other aignificant conditions in the cause in the cause in the cause. Enter Undertailing in death in the cause. Enter Undertailing in death in the cause. Enter Undertailing in death in the cause. Enter Undertailing in death in the cause. Enter Undertailing in death in the cause. Enter Undertailing in death in the cause i	A Complications the beautiful constraints of	at caused the deuse on each line COP AS A CONSE COP AS A CON	eath. Do see.	22. NAME AIT 700 not anter the modern the mo	homas Locust Ide of dying, a Columbia Columbia George given LACE OF DEATH IDENTY YES 2 NO rea a and place, and re	Fune; St. uch as carr uch as c	24a. WAS AN PERFORM 1 VES 2 ATION (Street or Town, State) use(a) and maintains.	AUTOPSY MAED? AUTOPSY MAED? AUTOPSY MAED? AUTOPSY MAED?	24b	Approximata interval Betwee Onset and Dea Dea Onset and Dea Onset and Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea

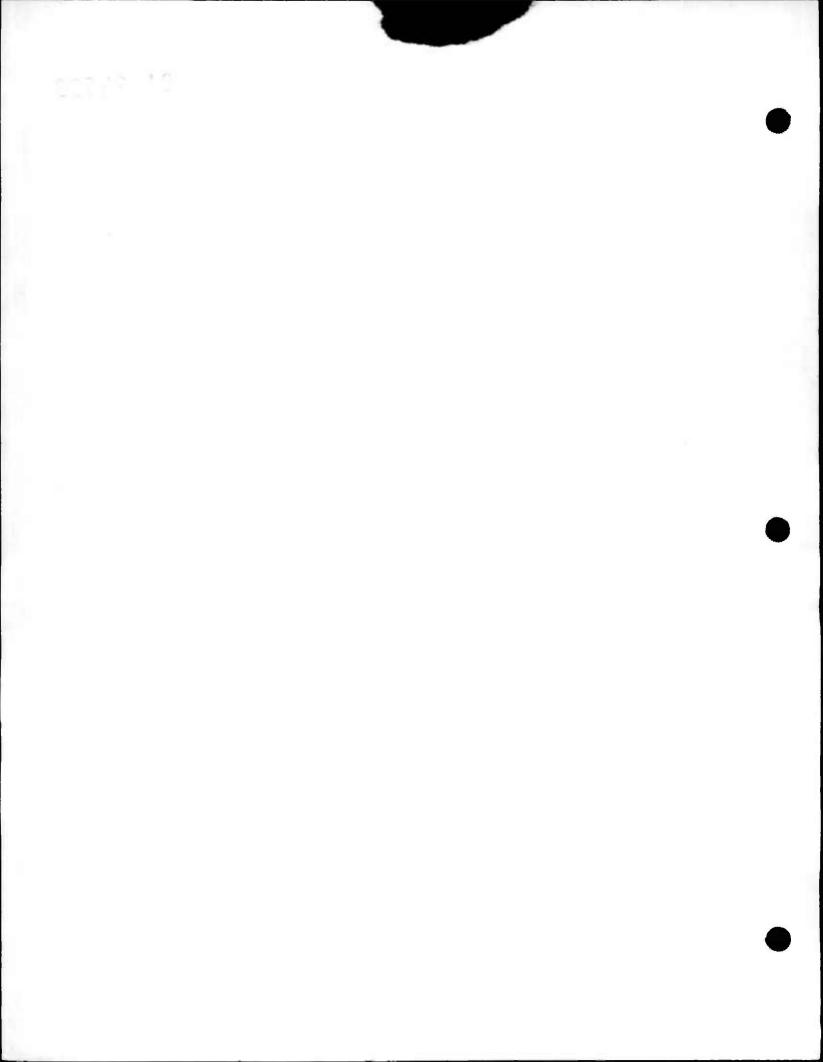
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training an amountained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training and activities and Marrial Horiette noin' to burial-training or removal.	TO BEGO WHICH IS FROM STEEL OWNER THE COME OFFICE OF FROM STEEL OWNER STEEL
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendit	SELECTION AND A STATE OF THE DESCRIPTION OF STATE OF STAT

31. DATE FILEO (Month, Day, Year)
ALIG 28 191

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH	MENTAL HYGIEN	IC .	91 2469
	1. OECEDENT'S NAME (First, Middle, Last) DONALD	0.	1	YUNT		2. DATE OF DEATH AMONTH AUGUST 2	3,1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 079-07-6008	5. SEX 1 X M 2 G F	E (In yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	7	7. DATE OF BIRTH Feb. 10, 19	13	BIRTHPLACE (State or Foreign Country) Balto. Co. M
	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
	8527 Pleasant Pl	lains Road		Tot	uson		Ва	lto.
DINECTOR	10e. STATE 10b. COUNT	altimore	10c. CIT	Y, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 YES 2 NO
LONELAL	100. STREET AND NUMBER PLETA	SMIT ROM	INS R	.	101. ZIP COOE 21204			N OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT, EVER FORCES? YE YE IF YES, GIVE WAR OR		13. WAS D If yes, 1 🔲 Y	ECENDENT OF HISPA specify, Cuben, Mexic ES 2 NO Speci	NIC ORIGIN? (Specify Yeen, Puerto Ricen, etc.) fy:	a or No 14	Black, White, atc.
	1s. DECEDENT'S EDU (Specify only highest grade	completed)	16a, DECEOENT'S (Give kind of	USUAL OCCUPA work done during se retired.)	TION most of working	18b. KIND OF BU	SINESS/INDUS	TRY
	Elementary/Secondary (0-12) High School	College (1-4 or 5+)			nent Busi	ness		
	17. FATHER'S NAME (First, Middle, Last) OLIVER HUNG	t		•	18. MOTHER'S N.	AME (First, Middle, Meider Lice Teal	,	
	190. INFORMANT'S NAME (Type/Print) Wrs. Dolly M. Hu	ıt				Rd. Tows		
	20a. METHOD OF DISPOSITION 1 X Surial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE ANO DAT	e of disposition	ON (Name	8/26/9 20c. LG	OCATION - CIT Upperc	y or Town, State O . Md .
	IMMEDIATE CAUSE (Fine)	complications that cause or List only one cause or a. Due to OR A	aach lina.	not anter tha r	moda of dying, su	ch as cardiac or reap	piratory arres	t. Approximate Interval Batw Onset and D.
ACTUAL INCOME.		b. ARCI DUE TO (OR A		OF:	PANCI	REAS		4 MON
	resulting in death) LAST	d						
	PART II. Other significant condition	ns contributing to death	but not resulting	in the underly	ring cause given in	Part I. 24a, WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	theck only one)		
1	1 TES 2 NO	1 Inpetient 2 ER/O	Outpatient 3 - DOA	OTHER: 4 - Nursing H	lome 8 Residence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUF (Month, Day, Yea		JURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED
3	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, Specify)	street, factory, o	ffice	281. LOCATION (Street City or Town, State		Rural Route Number,
CINILEE	onel	BICIAN: To the best of my kr						
3								

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detached al.	TO THE TAMESTILE INTECTIONS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the mine within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO NE PROSPITATION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		IENTAL HYGIE		24699			
	1. DECEOENT'S NAME (First, Middle, Last)	Hager M	. Hu	ird		2. DATE OF DEATH MONTH	28 9	3. TIME OF DEATH			
TOR	4. SOCIAL SECURITY NUMBER 224-48-448	5. SEX 6. AGE (In		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 2.7	8.	BIRTHPLACE (State or Foreign Country)			
	So. FACILITY NAME (If not institution, give street and number) Shady Grave Adventist Hospital Rockville RESIDENCE OF DECEMENT						oc. COUNTY OF DEATH Montgomery				
DIRECTOR	Md. 10b. COUNTY Md. Montgomery			ckerso	n			10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
FUNERAL	Dickerson Road	/ P.O. Bo:	x 52		20842		N OF WHAT COUNTRY?				
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yes, spe	ENDENT OF HISPANI ecify Cuben, Mexicen 2 M NO Specify:	, Puerto Rican, etc.)	IGIN? (Specify Yee or No— to Rican, etc.) 14. RACE — Amer Black, White, of Specify:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	ille. Do NOT use	ork done during mo-	ON st of working	18b. KINO OF	BUSINESS/INDUS	TRY			
COMP	8th 17. FATHER'S NAME (First, Middle, Last) John Mills			CWITE	18. MOTHER'S NAM						
TO BE	19a. INFORMANT'S NAME (TyperPrint) Anita Roberson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 52 Dickerson, Md. 20842										
	20a. METHOD OF DISPOSITION 1 Seriel 2 Cremetion 3 Remo 4 Donatton 5 Other (Specify)	PLACE OF DISPOSI other plece)	Monoca	су	В	eallsv	cation — City or Town, State allsville, Md,				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hilton Fune 22.111 Beallsville Rd. Barrockillo										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such'ss cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death Question 12 Question 13 Approximate Interval Between Onset and Death Onset and Death Question 13 Question 14 Question 15 Question 16 Question 16 Question 17 Question 17 Question 17 Question 18 Question 1										
MEDICAL CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. JMPLOMA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
							AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
PHYS	1 TES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. IN.	DURY AT DRK?	8 Other (Specify) 28d, DESCRIBE HO	W INJURY OCCU	RED			
TED BY	1	M 1	YES 2 NO	eet end Number or lete)	r or Rural Route Number,						
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Month, Day, Year 298. NAME AND A CORPESS OF DEPEND WHO COMPLETED CALLED OF DEATH (TEM 27) (Tax 840)							HGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) LEGNARD SAX, MD BOXLOS Pooles ville MD 20837										
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN					-				



WHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be compared, or least the compared of the state Dept. or Health and Mental Hydiene prior to burial, cremation, or removal. THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF H	EALTH AND DEATH	MENTAL HYGIE		J	24100			
	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH				3. TIME OF DEATH				
	Wilma Dean	Hockensmith		MONTH DAY			0 LOS "					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24							B. BIRTNPLACE (State or Foreign			
						3/18/1936 Kentucky						
	9a. FACILITY NAME (If not institution, give stre		9b. C	ITY. TOWN C	R LOCATION OF D							
Œ	SC COUNTY OF DEATH											
DIRECTOR	Carroll County General Hospital Westminster Carroll											
HE (10a. STATE 10b. COUNTY	10d. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
<u> </u>	MD Car	roll		We	ter		LIMITS?					
AL	10e. STREET AND NUMBER	ER					10g. CITI	ZEN OF V	VHAT COUNTRY?			
FUNERAL	301 W. Deep Ru		21157	•	U	J.S.						
5	11. MARITAL STATUS	3. WAS DEC	WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or				r No. 14. RACE — American Indian,					
BY	Never Merried 2 Merried FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			If yes, spe	240 NO Speci	an, Puarto Rican, etc.)		Biaci	t, White, atc.			
			- La via de la specify.				White					
ED	15, DECEDENT'S EDUCA (Specify only highest grade or	OCCUPATIO	N at of working	16b. KIND OF B	USINESS/IND	NESS/INDUSTRY						
COMPLET		College (1-4 or 5+)	te. Do NOT use retired	1.)								
ξ	?	W			Rando	m Ho	House					
8							NAME (First, Middle, Maiden Surname)					
BE	John Cotingame					Georgia Standafer						
0	19a. INFORMANT'S NAME (Type/Print)	- 1				Route Number, City or To						
	Mr. Robert J.	Hockensmith,	301	W. I	eep Ru	n Rd., W	estm.	ins	ster, MD			
	26s METHOD OF DISPOSITION 1-12 Burlet 2 Cremation 3 Remove	al from State cometers of	E AND DATE OF DISP	OSITION (Na	ne of	DATE 20c, L						
	4 Donation 5 Other (Specify)	Rest	Haven			8/28 Ha						
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	2	2 NAME AN	D ADDRESS OF FA	eral Hom	B & 9	Char	nel			
	Robert K.	Pritts, Sr.		412	Washin	gton Rd	We	e t.mi	ingter MD			
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of duing such as cardiac or recolations are all and a such as cardiac or recolations are a such as cardiac or recolations.											
	Intervel Batween											
	disease or condition Metastatic Adeno caranomics Metastatic Adeno caranomics								Onset and Death			
	disease or condition and the state of the conditions and the state of the conditions and the state of the conditions and the state of the conditions of the state of the conditions of the state of the conditions of the state of the conditions of the state of the conditions of the state of the conditions of the state of the conditions o								mo			
_	- Adeno Ca & urinana Bladda uno											
ALICA	Sequentially list conditione, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
3	ause. Enter UNDERLYING											
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSI	EOUENCE OF):									
2	resulting in death) LAST											
3	PART II Other significant conditions continued and the significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant conditions continued as a significant condition continued as a significant											
3								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
5						1 _ YES 2 _ NO			COMPLETION OF CAUSE OF DEATH?			
				1 🗆 YES								
3	EV ASSISTEDA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one)										
2	1 YES 2 NO	OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)										
5	27, MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	RY AT	28d. DEŞCRIBE NOW INJURY OCCURED								
5	1 Natural 5 Pending 2 Accident Investigation	ent Investigation										
3	3 Suicide 8 Could not be	building, atc. (Specify)					28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	Tomicide Oetermined											
	9a. CERTIFIER (Check only 1 CERTIFYINO PNYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner as stated.											
5	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) end menner as stated.											
,	90. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
Nuc. the no									LIGI			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)										
	John E. S	- STEEPS MM Suite 104 Billingstea Alda Urchumin										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE										
1	AUG 29'91	Lulia Davidson-Ro	ndell						IUR -			
		444							1			

		FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR		HEALTH AND N	MENTAL HYGIEN	-)	24701
		1. DECEDENT'S NAME (First, Middle, Last)	2 . 1	1 . 1 //a /a			2. DATE OF DEATH	3. TIM	E OF DEATH	
		baby	JI-1	Male		August 17, 1991 5:18 A				
		4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest birthday) YRS.	MONTHS DAY	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	ountry)	(State or Foreign
1	*	9e. FACILITY NAME (If not institution, give s		- 192	9b. CITY, TOW	N OR LOCATION OF DE	August 17	90. COUNTY O		Land
(GEE	P. B	Physicians Memor	rial Hospit	tal	La Pl	ata		Char	les	
CONT.	DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Υ	10c, CI	Y, TOWN OR LO	CATION			10d. II	NSIDE CITY
200	뜸	Maryland Cha	arles	1	Waldorf				10	YES 2 NO
physician, burial-transit permit,	RAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN C		
cian. Ftransi	FUNERAL	2001 Wakefield Ci	ITCLE 12. WAS DECEDENT EV	VER IN U.S. ARMED	13. WAS 1	20602 DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	Unite		ates nericen Indien, e, atc.
physic	BY FL	1 XNever Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1	YES 2 NO	It yes,	specify Cuban, Mexica YES 2 XNO Specify	n, Puerto Rican, atc.)		Dan a M	
attending physician, se as the burial-trar		15. DECEDENT'S EDU	16a. DECEDENT'S	LISUAL OCCUP	ATION	16b. KINO OF BUSINESS/INOUSTRY			lack	
al or aft	13	(Specify only highest grade Elementary/Secondery (0-12)		(Give kind of life. Do NOT u	work done during	most of working	TOOL KING OF BO	DINESO/111000111	i.	
po po	COMPLETED	0		infan	t					
		17. FATHER'S NAME (First, Middle, Last) Derrick Adri	ion Wolo			193000000000000000000000000000000000000	ME (First, Middle, Maiden			
		190. INFORMANT'S NAME (Type/Print)	тан пате	19b. MAILIN	G ADDRESS (Stre		y Michell Route Number, City or Tow			
	TO B	Jhansi Ganesan,	M.D.				e # 406, B			20814
may be or, page	16011	20e. METHOD OF DISPOSITION 1	loval from Stata	20b. PLACE OF DISPO	SITION (Name of	comotory, cromotory or rial Hospi	20c. LO	CATION — City o		
Page 6		4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE	Physicia		rial Hospi		Plata,	Mary	<u>yland</u>
fled within 2-routs after death. Page 6 may be completely filled in by the funeral director, page (lai, cremation, or removal.	TO THE PARTY OF TH	•								
d in by the or removal.	٠ I	23. PART i. Enter the diseeses, or	h as cardiac or reap	eapiratory arrest, Approximate						
lied in t		shock, or heart fellure. iMMEDIATE CAUSE (Finel	b. Liet only one cause on each line.							Onset and Death
thin 2 etely fi	1	disease or condition								
executed within and completely to burlal, crema	- caem,		DUE TO (OR	AS A CONSEQUENCE	OF):			V	i	
be exection and or to bu	ATION	Sequentially list conditions, if any, leeding to immediate								
ficate be ophysician ne prior tr	ICA I	cause. Enter UNDERLYING CAUSE (Disease or injury	C							
nding Hygier	ERTIFICATION	thet initiated events resulting in death) LAST								
	E O	PART ii. Other aignificant condition	na contributing to de	ath but not resulting	in the underl	ving cause given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE	AUTOPSY FINDINGS
के के वि	ICAL					,	PERFO	RMED?	COMP	ABLE PRIOR TO PLETION OF CAUSE
quires n signe r Healt	: MEDI							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0F DE	YES 2 NO
he law requires that has been signed is Dept. of Health a	AN:									
SICIAN: The certificate h	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	8. PLACE OF DEATN (Ch				
YSICIAL S certif	HY SH	27. MANNER OF DEATN	28a. DATE OF IN. (Month, Day,	JURY 26b. TI		INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCURE	:0	
DING PHYS After this of	BY PI	1 Natural 6 Pending 2 Accident Investigation			M 1	YES 2 NO				
STOR: A	Ze is	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF It building, etc.	NJURY — At home, term :. (Specify)	, street, factory, (office	26t. LOCATION (Street City or Town, State		ural Route N	lumber,
L OR A	PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated.								
HOSPITAL FUNERAL Within 72	COMI	2 MEDICAL EXAMIN	ER: On the beels of exam	nination end/or investigat	ion, in my opinic	on, death occured at the	time, date end place, e	nd due to the ceu	vse(e) end :	menner ee stated.
TO THE HOSPITAL TO THE FUNERAL Se filed within 72	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	iR .	2		29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Mont)	h, Day, Year)
668	2	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE	OF DEATH (ITEM 27) (THE	RICIA De, Print)	MUHII	83	8/	24	171
		JHANSI GLANESAN, PHYSICIANS AMEMORIAL HOSPITAL								
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S							
		SEP 1 219	y Julia &	Cargolder Stronger						

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

	FOR STATE 1 - REGISTRAR	OF MARYLAND / DEI	PARTMENT OF HE		ENTAL HYGIENE REG. NO.		91 24702
	t. DECEDENT'S MANE (First, Middle, Last)	rl Hale		2	DATE OF DEATH DAY	. 1991	3. TIME OF DEATH 4:58 /M
	4. SOCIAL SECURITY NUMBER 5. SEX	-71	RS. MONTHS DAYS	HOURS MIN A	Month, Day, Year) August 17	, 1991	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (if not institution, give street and num Physicians Memorial RESIDENCE OF DECEDENT	337	Sh. CITY, TOWN OF	ta	Н	9c. COUNTY Cha	of DEATH rles
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Charles	toc	Waldorf	N			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
VERAL	100. STREET AND NUMBER 2001 Wakefield Circl			20602		Unit	of what country? ed States
BY FU!	1 XNever Married 2 Married FORC	DECEDENT EVER IN U.S. ARMED ES? 1 TYES 2 NO B, GIVE WAR OR DATES	If yes, spec	NDENT OF HISPANIC city Cuban, Maxican, F 2 NO Specify:	ORIGIN? (Specify Yea Puarto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) Collega	(Give kir. life. Do N	ENT'S USUAL OCCUPATION and of work done during most NOT use retired.)	of working	16b. KIND OF BUS	INESS/INDUST	TRY
NO.	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME	(First, Middle, Maiden	Sumame)	*
BE C	Derrick Adr	ian Hale		Trac	ey Miche	elle (Gray
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MA	ILING ADDRESS (Street an	d Number or Rural Rou	ite Number, City or Town	n, State, Zip Co.	de)
F	Jhansi Ganesan, M.D.	790	O Wisconsin	n Avenue	#406. Bet	hesda.	MD 20814
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	State other place)	isposition (Name of ceme ians Memori		1		or Town, Stata Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND	ADDRESS OF FACIL	JITY		
N						ratory arreat	, Approximate Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONSEQUEN					
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contrib	uting to death but not reau	iting in the underlying	causa given in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No	ITAL:	OTHER:	ACE OF DEATH (Check			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	DATE OF INJURY (Month, Day, Year)	b. TIME OF 26c. INJU	IRY AT 2	RED. DESCRIBE HOW II	NJURY OCCUP	RED
0		PLACE OF INJURY — At home, building, atc. (Specify)	farm, street, factory, offica	2	261, LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To till DESCRIPTION ON THE CHARGE STANDARD ON THE CHARGE	he beat of my knowledge, death of examination and/or inves					ause(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	DEDINE	ALCIAN	29c. LICENSE NUMB	ER C 3	29d. DATE S	IGNED (Month, Day, Year)

PERFORMEDY
 1 TES 2 NO

S. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Check only one)								
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DOA 4 □ Nu		6 D Other (Specify)					
MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY OCCURE					

296. SIGNATURE AND TITLE OF CENTIFIED

ALANSI GANCIAM M.D. PED IATA C

SIGNAME AND ADDRESS OF GERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1709, PHIII)

PHI HOSPITA YSICIANY MEMORIAL

JHAN 51 ANESAN 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, SEP

20123 *:

	REGISTRAR		CERTIFI	CALE	F DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) MARY CAT	HERINE	HAN	NA		2. DATE OF DEATH MONTH 2	y GEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	IF UNDER 1 YEAR		7 DATE OF BIRTH	8. BIRT	NPLACE (State or Foreign				
	212-16-6917	1 🗆 M 2 💢 F	80 YRS.	8/6/191]	M	aryland						
	9a. FACILITY NAME (If not institution, give s	treet and number)	1 .	9b. CITY, TOW	N OR LOÇATION OF D		9c. COUNTY OF	4/				
DIRECTOR	FALLSTON GER	neral Hos	HAI	HANTONY								
<u>입</u>	10a. STATE 10b. COUNTY	v	10c. CITY	, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?				
		Harford		W	hite Ha	11		1 TYES 2 NO				
₹	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
5	4272 Nort	risville F	load		211	61	U.	S.A.				
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS E	ECENDENT OF NISPA	NIC ORIGIN? (Specify Yea an, Puarto Rican, stc.)	or No- 14. RAG	CE — American Indian, ck, White, etc.				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 NO Specifi		Spe					
COMPLETED	15. DECEDENT'S EDU		18a. DECEOENT'S	USUAL OCCUP	TION	18b. KIND OF BU	SINESS/INDUSTRY	y 0.				
a	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	ork done during e retired.)	most of working							
립	11	1	Cle	rical		Mar	nufactu	ring				
8	17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S NA	AME (First, Middle, Maiden						
	Charles Ho	oward SI	lade		Mar	v Plies	abeth	Harkins				
H	19a. INFORMANT'S NAME (Type/Print)	JWala Di		ADDRESS /Street		Route Number, City or Tow		Harains				
2	Carol Webster			•	Fifth			Ma 03600				
	204, METHOD OF DISPOSITION		20b. PLACE AND DATE				CATION — City or	Md. 21629				
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		cemetary crematory		Gardens	- /	Bel Air					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	M		AND ADDRESS OF F							
	>111. Glade	len Kurts	TIL			uneral Ho sville, N		d				
	23. PART I. Enter the diseases, or			ot anter tha	mode of dying, su	ch as cardlec or reap	iratory arrest,	Approximata				
	ahock, or heart fellure. IMMEDIATE CAUSE (Final	List only ons cause on		1 1	1 1	11 .1 - 1		Interval Between Onset and Death				
	disease or condition	032	tro-in	trot	103)	316 EUIN	7	343WZ				
	reaulting in death)	DUE TO (QR A	S A CONSEQUENCE OF	Di-		1 1	1	V (1) C. 10				
-		Abde	kaim	(Dr	cinamo	A long A	wish	راکی				
ō l	Sequentielly list conditions,	DUE TO (OR A	A CONSEQUENCE OF):	C	,	04 0 11	11/				
¥	if any, leading to immediate cause. Enter UNDERLYING	Moto	Exerts	6/0	49) 4	Chowa		17 VEB1-2				
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	-		Cijonoc		100/00				
E	resulting in death) LAST											
B		d.										
EDICAL CERTIFICATION	PART II. Other alghificant condition	as contributing to death	but not resulting i	n the underl	ying cause givan ir	Part I. 24a. WAS AN	AUTOPSY 2	Ib. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO				
3	Hody	Willey Isulu	0/2/19	Ar	16NXN21	1 YES)	COMPLETION OF CAUSE				
	V	1			/			OF DEATH? 1 YES 2 NO				
Σ						_		1 1E3 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (C	book onto onal						
PHYSICIAN:	EXAMINER?	HOSPITAL:	Service - La	OTHER:								
ΙΥS	1 TYES 2 NO	1 Impetient 2 ER/O		-	tome 5 Residence							
ద	CONSTURST 8 Pending	28a. DATE OF INJUR (Month, Day, Year		URY	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED					
BY	2 Accident Investigation				YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S	RY — A1 home, farm, a pecify)	street, factory, o	iffica	28t. LOCATION (Street City or Town, State	and Number or Rura)	I Route Number,				
	4 Homicide determined							74				
7	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my kn	owledge, death occurre	ed at the time,	sata and place, and du	e to the cause(s) and me	nner es stated.	17				
COMPLETED	ana)	ER: On the besis of examina	tion and/or investigation	n, in my opinio	n, death occured at th	e time, data and placa, a	nd due to the cause	e(a) and manner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIE	B . () A		240	29c. LICENSE NU	IMBER . \	29d, DATE SIGNI	(Month, Day, Year)				
BE	1/1/1/10 1	N G	Large	[X] ()	1000	1324	> X	h 8/91				
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (See	Print)	100	1001	1	1001				
	N. Mard P. A	MOIT .	1303 1	16/28	· KSd1	Fa 115	ton o	14012 MV				
	SEP 3 '91	32. REGISTRAR'S SI	GNATURE Davidson-Rank	delle)					

91 71700

il eine

Í

П

. .

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the after after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	ALDEN WARNE	HOAGE			2. DATE OF DEATH D. 8	ay year 4 91	
	4. SOCIAL SECURITY NUMBER 579-28-6663	5. SEX 6. AGE (,	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-11-06	Cou	THPLACE (State or Foreign untry) LINOIS
TOR	9a. FACILITY NAME (II not institution, give s HOLY CROSS HOSP) RESIDENCE OF DECEDENT		91	acal Some	SPRING	АТН	9c. COUNTY OF	
DIRECTOR	MD 106. STATE 106. COUNT MONT (Y GOMERY	10c. CITY, T	OWN OR LOCA	TION CENSINGTO	DN		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3316 EDGEWOOD RO	DAD			895		U.S.	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 T NO	II yes, sp		NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) y:	BI	ACE — American Indian, lack, White, atc. pooffy: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n LA'	WYER	ON ast of working	CACTION -0.550	isiness/inoustry AW	
COME	17. FATHER'S NAME (First, Middle, Last) ROBERT JAMES HO	5+			18. MOTHER'S NA	ME (First, Middle, Maider	1 Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	ODRESS (Street	and Number or Rural	ANN LEA	wn, State, Zip Code)	20895
٦	20a. METHOD OF DISPOSITION	DAGE (WIFE)	3316 D. PLACE AND DATE O	F DISPOSITION		KENSINGTO	DCATION — City or	
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE OF	A A M	ETROPOLIT	AN CREI	ATORY		ALEXANDE	RIA, VIRGINIA
	· (brothoux	a (ole				LLINS FUNE		E INC. NG. MA 20901
	23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one ceusi on e	ach line.	antar the mo	ode of dying, suc	h as cardiac or reap	olretory arrest,	Approximate Interval Between Onset and Death
ATION	Sequantielly liat conditiona, if any, leading to immediate ceuse. Enter UNDERLYING	. Lastr	CONSEQUENCE OF):	tinal	Kemi	redays		24kis
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
MEDICAL	PART II. Other significant condition	tene A	and not resulting in	the underlyly	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (C)	SIL NORTH		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpatient 2 ER/Out	26b. TIME (OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURED)
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, atc. (Spe	— At home, farm, stre cify)	eet, factory, offi	CR	281. LOCATION (Street City or Town, State	and Number or Ru s)	ral Route Number,
COMPLETED	2 MEDICAL EXAMIN	SICIAN: To the best of my know			death occured at the	e time, date and place, a	and due to the cau	
TO BE	SIGNATURE AND TITLE OF CERTIFIE	Walla	arvo		D - 11	031	PS S	25/9/
ATO:	30. VAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DI	AIR (IIEM 27) (lype, P	nnt)				
	AUG 27 91	32. BEGISTRAR'S SIGI	CAN Handell					

_
0
68760
7
m
čč.
_
BOX
0
\simeq
ш
P.0.
о.
S
0
=
u.
0
RECORDS,
\sim
ш
Œ
=
-
=
OF VITAL
L
0
NOIS
~
0

10

31. DATE FILED (Month, Day, Year)
AUG 26 '91

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--

Ì	1. DECEOENT'S NAME (First, Middle, Las	HELEN	M.	HOWE	7				2. DATE MONTH	1770	W 1	99 /	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577 84 1038	5. SEX 1 M 2 F	6. AGE (In yrs	s. last birthday, YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7, DARE (Month	OF BIRTH Day, Year)			HPLACE (State or Foreign
HOL	BERMAN WILSON RESIDENCE OF DECEDENT		CARE	CENTE			ERSB1		EATH			UNTY OF C	
DIRECTOR	MD .	MONT		10c. CI	TY, TOWN		SBUR	G					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 201 RUSSEL	L AVENUE				101	ZIP CODE	377			10g. Cl	U.S.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S I YES 2 MAR OR DATES	K NO	13. WAS DECENDENT OF HISPANIC OF If yes, specify Cuban, Maxican, Put 1 YES 2 NO Specify:				n, Puerto F	C ORIGIN? (Specify Yea or No— 14. RAC, Puerto Rican, atc.)			E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)			Give kind of	work done	during mo	DN si of working		18b.	KIND OF BU	VN HC		
N N		RTON MOS	ES				A.	DRLI	LA		VNINC		
2	198. INFORMANT'S NAME (Type/Print) Mrs Janet H. Townsley 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4960 Sentinel Drive #306 Bethesda, Maryland 20816												
- 1	4 Donation 5 Other (Specify)		2.0	, cremetory or						- 1			
	21. SIGNATURE OF FUNERAL SERVICE	Ani	man	Comfor	J 22.	mete NAME AN	o Accores Gawle	ers	Sons	5130	VI Av	e Wa	Virginia sh.DC20016
	21. SIGNATURE OF FUNERAL SERVICE	a. DUE TO)NOT	e death. Do line.	J J not enter	mete NAME AN OS.	Gawle	S OF FAI	Sons	5130	VI Av	re Wa	
	23. PART I. Enter the disease, o shock, or haert felium immediate CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	to caused the use on sech long as a con-	death. Do lina.	J J not enter	mete NAME AN OS. the mo	ID AOORES Gaw1 6 da of dyln	ers ers	Sons has cerd	5130V	VI AV	re Wa	sh.DC20016
	23. PART I. Enter the diseases, o shock, or haert felium immediate Cause (Finel disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or tojury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO b. DUE TO c. DUE TO d. One contributing to	(OR AS A CON	e death. Do lina.	J 22. J not enter	mete NAME AN OS. the mo	ID AOORES Gaw1 6 da of dyln	PTS and a succession of the su	Sons has cerd	5130V	VI AV	re Wa	Sh. DC20016 Approximate Interval Betwee Onset and Dea WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 11	23. PART I. Enter the diseases, o shock, or haert feliure immediate cause or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or trijury that initieted events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO b. DUE TO c. DUE TO d. One contributing to	to caused the use on aech local contro	death. Do lina. SEQUENCE (SEQUE	OTHER	mete NAME AN OS. the mo anderlying 26. PL R: sling Home 28c. INJI 27c. INJI 28c. INJI	D AOORES Gaw1 e da of dyln Live Ceuse gl ACE OF DE. 5	ers ers ers aug, suci	Sons h as cerd Part I. Part I. Other 28d. DESG	24a. WAS AN PERFO	AUTOPSY MED?	24b.	Sh. DC20016 Approximate Interval Betwee Onset and Dea WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH JITEM 27) (Type, Print) Wiscensin Acre Pre Proces 32. ARGISTRARIO SIGNATURA Junia Davidana Agandara OHMH-16 Rev 1/89 The water of

DHMH-18 Rev 1/89

	hos	ache	69
	the	del	9
	3	20	7
	ined	Joe J	fle
	reta	S	ne i
	Pe /	age	9
	E	9, p	15
	9 9	recti	Ē
	æ	ja G	in in
	leath	fune	жаш
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within activities after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	or Sin	In by	edic
	9	alled n. o.	
	in a	natio	5
-	With	crer	Ven
	Det	12 S	5
	DOBC	and o	nati
	2	clan for ta	à
	cate	hysi e pr	-
	ertifi	ng b	ŧ
	th C	end!	6
	dea	Nents	5
	the	P P	Ξ
	tha	th a	amy
	uires	Sign	W.8
	req	00	Sho
	WE	Dept.	23
	The	ate h	E
	IAN:	rtific:	10
	YSIC	s ce	d,
	F	T T	arke
	SNC	Afte	E
	EN	DR.	00
	AT	RECT.	H 2
1	100	100	=
	PITA	ERAL 2	H
	HOS	FUN	AN
	포	HE	P
	101	100	F

				_==						TIEG. ITO	**		
1. DECEDENT'S NAME (Fin	MONTH DAY YEAR									YEAR	TIME OF DEATH		
	ELISE								AU		, 19		2:30 P M
4. SOCIAL SECURITY NUM		8. SEX	30					IDER 24 HRS.	(Mont	OF BIRTH h, Day, Year)		Country)	ACE (State or Foreign
560-92-1			- 07							LY 2,	1924	EL	SALVADOR
9e. FACILITY NAME (If not	institution, give s	treet and number)						ATION OF D		9c. COUNTY OF DEATH			
the state of the s		LE ST.				BEI	RWYN	HEIC	HTS	PRINCE GEO			GEORGES
RESIDENCE OF DE	10b. COUNT	,	_		10+ CITY	TOWN OR L	OCATION			_		1 44	d. INSIDE CITY
			2000					- 7 011	DC.				LIMITS?
MD.		INCE GI	SORG.	ES		BERW		EIGH!	r.p				X YES 2 NO
	REET AND NUMBER					10f. ZIP CODE					10g. CITI		AT COUNTRY?
	5815 SEMINOLE ST.							20740				U.S.	
11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES NO								NT OF HISPA Suban, Mexic		N? (Specify Ye Rican, etc.)	e or No—		American Indian, Vhite, etc.
1 Never Merried 2 Narried IF YES, GIVE WAR OR DATES								NO Speci	lly:			Specify:	
1 - 12/2/11/20		0.7.0				1		SALV		REAN	l		WHITE
	CEDENT'S EDU nly highest grade			(Giv	e kind of wo	SUAL OCCU rk done durk retired.)	PATION ng most of w	orking	16	b. KIND OF BU	ISINESS/IND	USTRY	
Elementary/Secondary	(0-12)	College (1-4 or 8	+)							70777	\	TO ES	
12				ASS	SEMB.	LER-					UTIN	KE	
	THER'S NAME (First, Middle, Last)						18. [Middle, Malder			
	JLINO	HERI	RERA						LEDA		BARCA		RRANZA
19a, INFORMANT'S NAME	(Type/Print)									aber, City or Tov			
SOLY	MOREN	O		1	2011	6 G	REEN	RUN	CT.	, GAI	THER	SBUR	G, MD.208
20e. METHOD OF DISPOS	ITION	ovel from State	20b.	PLACE C	F DISPOSI	TION (Name	of cemetery,	cremetory or		20c. L0	DCATION -	Cify or Town	, State
4 Donation 5 Don		014. 110111 01414	:		KLAWI	N C	EMET	ERY		RC	CKVI	LLE,	Md.
21. SIGNATURE OF FUNER	IAL SERVICE LI	CENSER	7	^		22. NAI	ME AND AD	DRESS OF F	ACILITY	C	TIME	P SP	RING, MD
10/19	1/6/	rambe	18 M	Z MO	0091	W.	W.	СНАМІ	BERS	co.			20910
23. PART I. Enter the diseases, or complications that coused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final									est,	Approximata Interval Between Onset and Deeth			
disease or condition		PUL	Mo	NK	MRY EMBOLUS							ZHUS	
resulting in death)										Cives			
	_	DA	WC.	ME.	ATTO	_	CAY	rei	NO	MA			
	DUE TO (OR AS A CONSEQUÊNCE OF): PAWCHEATIC CANCINOMA DUE TO (OR AS A CONSEQUÊNCE OF): DUE TO (OR AS A CONSEQUÊNCE OF):												
if any, leading to imm cause. Enter UNDERL	YING												
CAUSE (Disease or In that initiated events	jury	DUE TO	OR AS A	CONSEO	UENCE OF)	:							
resulting in death) LA	ST												
	d												
PART II. Other algnific								se given le	Part I.	24s. WAS A	N AUTOPSY		ERE AUTOPSY FINDINGS
	67 (.	SETES		45	Lt	ITU.	5			1 TYES		0	OMPLETION OF CAUSE F DEATH?
	551	ZURE		DI	501	208	en				0		YES 2 NO
SCIZURE DISORDER 1 YES 2 NO													
25. WAS CASE REFERRED	TO MEDICAL						26. PLACE	OF DEATH (C	heck only o	ine)			
EXAMINER?		26. PLACE OF DEATH (Check only one) HOSPITAL: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER:											
27. MANNER OF DEATH		28a. DATE O		ation 3	28b. TIME		c. INJURY	11120000	_	1-7	IN HIEV OC	CURED	
	Pending		Day, Year)		INJU	RY	WORK?		200.01	28d. DESCRIBE HOW INJURY OCCURED			
2 Accident	Investigation	24. 21.405			_	2 NO							
3 Sulcide 8	Could not be determined	28e. PLACE building	ne, rarm, er	reet, sactory	OTTICE			CATION (Street or Town, State		or Hural Hou	ne Number,		
									1				
	RTIFYING PHYS	ICIAN: To the best of	of my know	ledge, des	ith occurred	d at the time	, date and [elace, end du	e to the c	ause(s) and m	enner as ste	ted.	
	DICAL EXAMIN	ER: On the basis of	examination	n end/or li	vestigation	, In my opin	ion, death	occured at th	e time, de	e end place, e	and due to th	10 CEUSO(0) E	ind manner ee stated.
29b. SIGNATURE AND 115	OF CERTIFIE	n		_	-		290	LICENSE NO	JMSER	_	29d. DAT	E SIGNED /A	fonthi Day, Year)
W 7	ter	20						350			•		3(21
30. NAME AND ADDRESS	OF PERSON WI	O COMPLETED CAL	ise or ne	ATH /ITEM	27) /500	Dulas)			- /			2/0	-0(
1		ENOVES		.D.	21		MEDT	CAT.	DADE	פת	STIN	ER S	PRING, MD
		THO A EQ.	_ 14	· U ·	2.1		بل لانت	. בנייי		. DI(.)	V 11.11 V	EK D	T 2(22,10) 120
31. DATE FILED (Month, De		32. REGISTE	David.	ATURE	and all								
ALC DIA	41	70.00	10-00 8-00		And the second section								

TO BE COM	MPURIANE, II lett 26 18 Market, of tent 25 stores on Jujury, of ourse usualisate event, are moreon	
examiner must be notified at once.	MPORTANT: It lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
or death. Page 6 may be retained by the host he funeral director, page 5 should be detached	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp to the proposition and completely filled in by the funeral director, page 5 should be detached to the attention of the proposition of the	1 -

	FOR STATE REGISTRAR		STATE OF N		/ DEPAR					MENT	AL HYGIEN		31 24707	
	1. OECEDENT'S NAME (First,	Middle, Last)	Edward	ETON E	HUM	PHRIE		DEA			TE OF DEATH	- 9 YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB	185	5. SEX	6. AGE (In yrs. 76	lest birthday) YRS.	y) if UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) OF - 14 VI						BIRTHPLACE (State or Foreign Country) IRGINIA		
OR	9a. FACILITY NAME (If not institution, give street and number) 120/y Cross Hospital					9b. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING 9c. COUNTY OF DEATH Montgomer							1	
DIRECTOR	RESIDENCE OF DECEDENT (/ 10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
	MARYLAND	MONTO	OMERY			SIL	VER	SPRI	ING				1 TES 2 NO	
FUNERAL	10e. STREET AND NUMBER	4 NULT TO					101	. ZIP COD					OF WHAT COUNTRY?	
N N	202 EAST FR	ANKLIN		T EVER IN U.S.	ARMEO	13.	MAS DEC	2090 ENDENT		IIC ORI	GIN? (Specify Yes	USA or No — 14.	RACE — American Indian.	
ĭ	1 Never Married 2 X 3 Widowed 4 Divo	rced		MAR OR DATES			1 yea, sp I 🔲 YES	2 PNO		n, Puer	io Rican, atc.)	W	RACE — American Indian, Black, White, etc. Specify:	
	(Specify only	highest grade	completed)		Give kind of life. Do NOT to	work done	during mo	ON at of world	ing	1	18b. KIND OF BU	SINESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	+)		SULTA					NAVY DI	EPARTMI	ENT	
Ö	17. FATHER'S NAME (First, M	iddle, Last)						16. MOT	HER'S NA	ME (Firs	st, Middle, Meiden			
BE (ROBERT LIND								GERTRUDI					
2	MARGARET G.		DIEC (WIFE)							umber, City or Tow		%) 20901 NG,MARYLAND	
	20e METHOD OF OISPOSIT			20b. PLA	CE OF DISPO	SITION (Na	me of cer	metery, cre	matory or				or Town, State	
	4 Donation 5 Donat	(Specify)	0.4	GEO	RGE WA	ASHIN	GTO1	V CEN	4ETEF	RY	ADE	LPHI, N	MARYLAND	
	GEORGE WASHINGTON CEMETERY ADELPHI, MARYLAND 21. SIONATURE OF JUNIOR SERVICE LEGISLE STATE OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD.20901													
	23. PART I. Writer the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, ehock, or heart feiture. Let only one cause on each line. Approximate interval Between													
	ehock, or heart fellure. Let only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Caydrac Ayrest											Onset and Death		
	DUE TO 400 AS A COMPEQUENCE OF													
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST d.													
2	PART II. Other algnifice	ent condition	na contributing to	o deeth but no	ot resulting	in the u	nderlyin	g ceuee	given in	Pert I	. 24a, WAS AM	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA			ot resulting in the underlying cause given in				24a. WAS AN AUTOPSY 24 PERFORMEO? 1 YES 2 NO			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25, WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (Ch	neck onl	y one)			
Sic	EXAMINER? 1 ☐ YES 2 ☐ NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		ne 8 🗆 F	Residence	8 🗆 0	Other (Specify)			
ву рну	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	26a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF JURY M	28c. IN. W	JURY AT ORK? YES 2	□ NO	28d.	DESCRIBE HOW	INJURY OCCUP	REO	
	3 Suicide 8 S	t home, farm	me, farm, street, factory, office 281. LOCATION (Street and Number or Rural is City or Town, State)					Rural Route Number,						
COMPLETED	one)		ER: On the basis of										cause(s) and menner as stated.	
BE	29b. SIONATURE AND TITLE	E OF CERTIFIE	stana	ra					369)	29d. DATE S	SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS C	F PERSON WI	Satis /	SE OF DEATH (TEM 27) (Ty)	MD)	34	4	Un	1v. Blu	d. We	st Silver	
	31. DATE FILED (Month, Day,	16ar) AUG 123	32. REGISTE	TAR'S SIGNATUR	Bavidson	Book	لووو	Spni	9,	Mr	2090	اد		

707 " 1707

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIEN	E .	91 24708				
	1. DECEDENT'S NAME (First, Middle, Lest)	T	HOMAS I	WHITE HA	2. DATE OF DEATH DO AUGUST 20	, 199Ť	EAR 16/9 M					
	4. SOCIAL SECURITY NUMBER 218-14-8661	yrs. lest birthdey) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)	03-03-16 Maryland						
TOR	9a. FACILITY NAME (If not institution, give atree Washington Adventi			Takoma		EATH		gamery				
DIRECTOR	10a. STATE 10b. COUNTY	e George	1000	ollege F			10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO}\)					
FUNERAL	100. STREET AND NUMBER 4716 Muskogee Street				20740			of what country?				
BY FUN		12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR DATE 1945	U.S. ARMED 2 NO TES	If you, a	CENDENT OF HISPAI pecify Cuben Mexico S 2 140 Specifi	NIG-ORIGIN? (Specify Yearn, Puerto Rican, etc.)		. RACE — American Indian, Black, White, etc. Specify				
COMPLETED		TION smpleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT			16b. KIND OF BU						
	12 years 8 17. FATHER'S NAME (First, Middle, Last) Thomas White Hall	years	Profe	ssor		Unive ME (First, Middle, Maiden A. Harris		(Education)				
TO BE	19a. INFORMANT'S NAME (Type/Print) Mary Clayton Hall		**********	e as #10		Route Number, City or Tow	n, Stata, Zip Co	ode)				
	20s. METHOD OF DISPOSITION V. Paurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cometery, crematory or other piece) St. Mary's Episcopal Cemetery Emorton, Maryland											
Ñ	21. SIGNATURE OF FUNERAL SERVICE LICE		att.	22. NAME Donal	d V. Bor	gwardt Fun	eral H					
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition	st only data cause on ea	ich line.	not enter the m		ch as cardiac or resp						
N	resulting in death) a. Sequentially list conditions,	DUE TO (OR AS A	Corona	OF): Art	ery Disea	se (d.A	use)	years				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	Les	of):	7-9.9	retis		years				
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUT											
IN: WE							ě.	1 TYES 2 NO				
PHYSICIAN:	1 PES 2 NO	HOSPITAL: 11 Inpartient 2 ER/Outp		OTHER: 4 Nursing He	PLACE OF DEATH (Come 5 Residence	6 Other (Specify)						
BY	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could and be	28d. DESCRIBE HOW 28f. LOCATION (Street	and Number or									
COMPLETED	4 Homicide determined	building, etc. (Spec				City or Town, State						
OMPL	(Check only	IAN: To the best of my knowl : On the basis of examination						f. cause(a) and manner as stated.				
BE C	290. SIGNATURE AND PIPEL OF CERTIFIER	7			29c. LICENSE NU			BIGNED (Month, Day, Year)				

1706 Steven Boyce, M.D. New Hampshire Avenue, N.W. Washington,

40119

32. REGISTRAR'S SIGNATURE 'AUG 22 Mg

2

1991

August

20,

6 "7

<u>...</u>

.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	tth. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, to find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	neral director, page 5 should be detached for use as the burial-transit permit. Pages 1,
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	miner must be notified at once.

1 - FOR STATE (

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN				IVALI		DLA		RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ZABETH	OLLI	7117	0			2. DATE OF DI	EATH DAY	e	YEAR	3. TIME OF DEATH	
ŀ	4. SOCIAL SECURITY NUMBER		AGE (In yrs. I	ast birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH			IPLACE (State or Foreign
	081-32-7207	1 🗌 M 2 💢 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	03-17	Z -/	0	Count	" New York
	99-FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	Y, TOW	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH
5	Brooke Grove 1	Vag Hom	e		OLI	NE	4. 1	10			Mo	ntge	mery
TECTOR I	RESIDENCE OF DECEDENT					1							
	10e. STATE 10b. COUNTY		10c, CITY	Y, TOWN	OR LOC	CATION						10d. INSIDE CITY LIMITS?	
5	Maryland Montg			lne	У							1 YES 2 NO	
	10e. STREET AND NUMBER		10f. ZIP CODE							10g. CIT	IZEN OF	VHAT COUNTRY?	
	17100 Thorntonda		20832							Unit	ed s	States	
5	11. MARITAL STATUS		N U.S. ARMED 13. WAS DECENDED				IDENT OF HISPANIC ORIGIN? (Specify Year			United States or No- 14. RACE — American Indian, Black, White, atc.			
	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	2 NO If yes			s, specify Cuben, Mexicen, Puerto Ricen, e YES 2XXXVO Specify:			4101)		Spec	tty:
				W II									White
<u> </u>	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		DECEDENT'S (Give kind of vite. Do NOT us	vork done	during i	TION most of worki	ng	18b. KIND	OF BUS	INESS/INC	DUSTRY	
	Elementery/Secondery (0-12)	College (1-4 or 5+)											
	12			Army N	lurse				Unit			es A	cmy
;	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME					Surname)		
	David Holland								ette Ke				45
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Stree	et and Numbe	r or Rural .	Route Number, Cl	ty or Town	, State, Zip	o Code)	part -
.	Mary Ann M	AcGarry		17100 Thorntondale C					urt, 0				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	other	Ob. PLACE OF DISPOSITION (Name of cemetery, crematory of other place)						20c. LOC	ATION —	City or To	own, Slate	
	4 Donetion 5 Other (Specify)		Arli	Arlington National Cemet						Arl	Virginia		
	21. SIGNATURE OF FUNGRIAL SIGNVICE LIC	// -		22. NAME AND ADDRESS OF RODERT A. PU			Pum	mphrey Funeral Home st Montgomery Avenu				/Rockville,	
	- 18/ichay K.	Sussim	M00	M00846 ROCKVILLE, Ma					t Montgomery Avenus ryland 20850-2805 h aa cardiac or respiratory arreat,				e
NO.	ahock, pr heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate	ne.	Interv						Interval Between Onset and Death 7 Mos				
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):										
!				but not resulting in the underlying cause given i				given in	n Part I. 24e. WAS AN AUTOPSY PERFORMED?			241	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
THE PARTY	Senila di	~						PERFORMED?				COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100					PLACE OF I	DEATH (C)	(Check only ane)				
5	1 VES 2 TO	HOSPITAL: 1 Inpatient 2 ER	/Outpatient	3 🗆 DOA	OTHE	R: Irsing H	ome 5 🗆 R	eeldence	8 Other (Spe	ecify)			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJ (Month, Day,)		28b. TIM	IE OF JURY M		INJURY AT WORK?	□ NO	28d. DESCRIB	E HOW II	JURY OC	CURED	
0 00	2 Accident Investigation 3 Suicide 8 Could not be determined	M 1 VES 2 NO At home, farm, street, factory, office 28f. LOCATION (S City or Town,						Street and Number or Rural Route Number, State)					
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee attend.									e) end manner ee stated.				
0 00	SIGNATURE AND TITLE OF CERTIFIEF	new	_	ju;	P		D 3	74	MBER 95		29d. DA	OS/	(Month, Dey, Year)
•	10. NAME AND ADDRESS OF PERSON WHO				5hl	len	Pr	K	OCKVI	1he	, p	nD	20853
Times Roum MD 11910 Ashley Dr Rockville, MD 2083 31. Date FILED (Month, Day, Your) AUG 21 91													

15+1

20572 10

DHMH-18 Rev 1/89

>	E	0	5
8	00	ਰੰ	Ф
5	P	Ę	\$
SXe	든	9	2
e	lan	i te	5
83	Sic		15
23	É	9	ē
Ē	D.	ě	듬
8	g.	£	5
ath	ifte.	2	7
ő	40	9	5
the ch	=	2	冝
te e	5	an	*
5	ed	£	2
9	9	ea	2
3	5	T.	5
9	pee	10	69
8	Sis	ep pe	23
2	43	9	E
Ξ.	cat	Stal	E e
A	5	65	5
22	Se	ŧ	
¥	Sil	Ę	ē
6	#	ļ	pe
2	\$	eat	E
9	-	5	69
프	5	afe	82
A	E	55	E
9	H	20	ie i
A	H	2	=
든	EB	E	-
8	3	€	A
2	111	*	Ē
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed v	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, c	IMPORTANT; it item 28 is marked, or item 23 shows any injury, or other traumatic evo
0	0	9	\$
-	_	-	-

	- STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. I	NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3	. TIME OF DEATH			
	HELEN		HOEGY				12/ 19		2: 08 A M			
	4. SOCIAL SECURITY NUMBER	117.1		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPL Country)	ACE (State or Foreign			
	363-34-8619	1 🗆 M 2 🔀 F	55 YRS.			April 21	,1936	Ohio				
_	9a. FACILITY NAME (If not institution, give	street and number)	8	9b. CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COU	INTY OF DEA	тн			
5	THE JOHNS HOPKI	NS HOSPITAL		BALITMO	RE CITY		BAL	ITMOR	E			
딥	19a, STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			1	Od. INSIDE CITY			
E I	Maryland Monts	gomery	Gait	hersbur	g			١,	LIMITS?			
A L	10e. STREET AND NUMBER	,			. ZIP CODE		10g. CIT	IZEN OF WH	AT COUNTRY?			
ER.	12029 Bayswater R	d.			20878		U.S					
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED		ENDENT OF HISPAN			14. RACE Black, V	- American Indian, White, etc.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			2 X NO Specify.				White			
	15, DECEDENT'S EDU	ICATION	16a, DECEDENT'S U	SUAL OCCUPATION	N .	16h KIND OF	BUSINESS/IN	<u> </u>				
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during mo retired.)	st of working	1000 1000	0001112007111					
7	Elementary/Secondary (0-12)	Unive	rsity									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	ME (First, Middle, Mai	den Sumame)					
BE C	Alex Major	Mitrocs	sak									
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street)	and Number or Rural F	Route Number, City or	Town, State, Z.	(p Code)				
6	Walter R. Hoegy		12029	Bayswat	er Rd., (Gaithers	ourg,	MD 208	378			
ľ	20a. METHOD OF DISPOSITION 1 (XBurial 2 Cremation 3 Ran	novat from Stata	20b. PLACE OF DISPOSE other place)	TION (Name of ce	metery, crematory or		LOCATION -					
	4 Donetton 5 Other (Specify)		Gate of	Heaver	Cemeter	y Si	lver S	Spring	, MD			
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME A	NO ADDRESS OF FAC	DeVol	al Hor	ne				
	J. C. Jac	-		Gaith	st Deer H ersburg,	MD 2087	ze 7					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between the control of the control											
	disease or condition resulting in death)	E	PHENE	15	2/200				~ キシトゥ			
		DUE TO (OR	AS A CONTEQUENCE OF		_ /				7710			
NO	Sequentially list conditions,	h. Tes	AS A CONSEQUENCE OF	CP	-e				- ILNO			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	552 10 (54	ns a consecuencedor	,					i			
FIG	CAUSE (Disease or injury that initiated events	E. DUE TO (OR	AS A CONSEQUENCE OF	1								
E	resulting in death) LAST	4										
2	PART II. Other algnificant condition	se costellaution to de-	oth hut mat constitue to						VERE AUTOPSY FINDINGS			
EDICAL	PART II. Other algumeant condition	Kithe B			-	PERFORMED?			WAILABLE PRIOR TO			
ă	1 KHOS	TENC 1	36051	C-C-C-C	onc.	1 _ YE	S 2 110		OF DEATH?			
			_			-		'	YES 2 HO			
AN	25. WAS CASE REFERRED TO MEDICAL	T		28. P	LACE OF DEATH (Ch	eck only one)						
PHYSICIAN: MI	EXAMINER?	HOSPITAL:	NOutpetlant 3 DOA	OTHER:	na 5 🗆 Rasidence							
¥	27. MANNER OF DEATH	28e. DATE OF INJ	URY 28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE H	OW INJURY O	CCURED				
	1 Natural 5 Pending	(Month, Day,)	(bar) INJU		ORK? YES 2 NO							
р Вү	2 Accident investigation 3 Suicide 6 Could not be	26a. PLACE OF IN building, atc.	IJURY At home, farm, st	treet, factory, offi	08	28f. LOCATION (St City or Town, S		er or Rural Ro	ute Number,			
E	4 Homicide determined	bulleting, atc.	(opecity)			Ony or rown, o	naioj					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, death occurre	d at the time, dat	and place, and due	to the cause(s) and	manner aa si	tated.				
MO	ana)	IER: On the basis of exem	Inetion and/or investigation	n, tn my opinion,	death occured at the	time, data and plac	e, and due to	the cause(a)	and manner as stated.			
	296. SIONATURE AND TITLE OF CENTIFI	W V			29c. LICENSE NUI	MBER	29d. D/	ATE SIGNED (Month, Day, Year)			
) BE	12	. The	_ ~	>	FORK	3	•	02	13/91.			
٩	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)								
- 1	DEN Ithur	السيع	John's	HORE	5 H	-P. 79	<u> </u>					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		/							
- 1	AUG 15"91	grina Davido	on Randall									
	A set in	- 1							DHMH-18 Rev 1/89			

Henry

Roy

William

2. DATE OF DEATH MONTH

3. TIME OF DEATH

30 A

YEAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

15

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 2, million the property of the attending the property of the p

	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC	E (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign							
	577-34-9082 / 1X M 2 🗆 F		NTHE DAYS HOURS MIN.	Oct. 21.1927	Youngstown, Ohio							
)	9e. FACILITY NAME (If not institution, give street and number)	91	L CITY, TOWN OF LOCATION OF	DEATH 9c, C	OUNTY-OF DEATH							
DIRECTOR	University of Maryland Medic	al Center	Baltimore .	-	. //							
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY											
=			OWN OR LOCATION		10d. INSIDE CITY LIMITS?							
1 .	Maryland Montgomery	Ro	ckville		1 X YES 2 NO							
A A	100. STREET AND NUMBER		10f. ZIP CODE		STIZEN OF WHAT COUNTRY?							
FUNERAL	10909 Ralston Road		20852		U.S.A							
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 X YE	R IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Yea or No-	- 14. RACE — American Indian, Black, White, atc.							
ETED BY	3 Widowed 4 Divorced IF YES, GIVE WAR OF	DATES	1 YES 2 XNO Speci		Specify: White							
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S US	IAL OCCUPATION									
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/	INDUSTRY							
립	5+	Archite	ct	Architec	turo							
examiner must be notified at once. TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Surname								
	William Palmer Henry			Ellen Seltzer								
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural									
	Kathryn B. Henry (Wife)		Ralston Rd. Ro									
	20a. METHOD OF DISPOSITION	0b. PLACE AND DATE OF D			- City or Town, State							
	1X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Parklawn C	place) emeterv		.11e, MD							
흔	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ille, Mb							
E	Daniel Charles)	Joseph Gawler	's Sons, Inc.	N.W.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH Gawler's Sons, Inc. N.W. 5130 Wisconsin Ave., Wash. D.C. 20016											
medica	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate											
a	IMMEDIATE CAUSE (Final disease or condition and the course of the course											
event,												
	DUE TO (OR AS A CONSEQUENCE OFF)											
ATION	Sequentially list conditions, Dur more as a consequence on											
A In	If any, leading to immediata cause. Enter UNDERLYING											
TIFI	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
5 1	resulting in death) LAST											
	d. PART II. Other significent conditions contributing to death but not condition in the											
em 23 snows any inju	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO											
E O	PERFORMED? AMILABLE 1 YES NO COMPLETIO OF DEATH?											
₹ 2		/`	1 TYES 2 NO									
E C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Ch	eck only one)								
PHYSIC	1 YES 2 ANO 1 Inpatient 2 ER/Os	ripatient 3 DOA 4	Nursing Home 5 Residence	8 Other (Specify)								
BY PH	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DESCRIBE HOW INJURY O	CCURED							
	2 Accident Investigation		M 1 YES 2 NO									
ED 48	3 Suicide 8 Could not be 4 Homicide detarmined	RY — At home, tarm, atree lecify)	t, factory, offica	28t. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,							
LET	29a. CERTIFIER											
COMPLETED	(Check only CERTIFYING PHYSICIAN: To the beat of my kno	wledge, death occurred at	the time, data and place, and dua	to the cause(a) and manner as a	tated.							
SE CO	one) 2 MEDICAL EXAMINER: On the beals of examinat	ion and/or investigation, in	my opinion, death occured at the	time, data and place, and due to	the cause(a) and manner as stated.							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER 29d. DA	TE SIGNED (MARCO), Day, West)							
10	Warram Buran	us	18621	>	8/18/91							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	PEATH (ITEM 27) (Type, Prin	1)		1							
	William Burne	MD										
	31. DATE FILED (MONTH), Day, Year) AUG 21 91 Guhia Davidas	NATURE .										
	AUG 21 '91 Julia Davidse	Nordor of	·									
	- determine				DHMH-18 Rev 1/89							

NO BE OF	TO BE COMPLETED BY BUYEICIAN, MCDICAL OCCITICATION
examiner must be notified at or	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at or
al.	To fine truther truther truther than any consoner has been and Mental Hydroge prior to burist, cremation, or removal. To hours after death with the State Dest. of Health and Mental Hydroge prior to burist, cremation, or removal.
ir death. Page 6 may be retained by the	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the

AUG 27

NAA	st, Middle, Last) D	obout M		MIIII	T.	DEATH	2. DATE O	REG. NO.		7 3	TIME OF DECT 21
1 07	ERT	cobert ES	4 EY		ONE	\$	2. DATE OF DEATH Q8/25/97AR				0121
4. SOCIAL SECURITY NUN 213-44-743	SECURITY NUMBER 5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	7. DATE OF BIRTH (Magnin, Ogy, Yout) Feb. 24, 1946		BIRTHPL Country) Wash	ACE (State or Foreign D.C.
90. FACILITY NAME (II not Rt. 75 & RESIDENCE OF DE	Artie K	,				on location of D Libertyt			9c. COUNT	y of oea ederi	
10a. STATE	10b. COUNTY				TOWH OR LOC						Od. INSIDE CITY LIMITS?
Maryland	Frede	rick				yview Dr	M	ount			YES 2 XNO
3909 Sky					.1	21771				N OF WH.	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Div] Married	2. WAS DECEDENT EVEN FORCES? 1 VIF YES, GIVE WAR O	ES 2X NO		If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Speci	en, Puerlo Ri		or No- 1	Black, \	- American Indian, White, atc. White
15. DE (Specify of Elementary/Secondary	CEOENT'S EDUCAT	rion mpleted) College (1-4 or 5+)	(Giv	e kind of wo Do NOT use	SUAL OCCUPAT rk done during ri retired.) actor		18b. I		Repa		
17. FATHER'S NAME (First, Ra]	Middle, Last) Lph Euger	ne Jones				18. MOTHER'S N.	AME (First, Mi	ddle, Maiden	Surname)		
19a. INFORMANT'S NAME Frances I			19b.	MAILING A		and Number or Rural Skyview]				,	1771
20a. METHOD OF DISPOSI 1 Burlal 27 Cremat 4 Donation 5 Othe 21. SIGNATURE OF FUNER	ion 3 🗆 Remove er (Specify)		of cemetary, Montgo	crematory o	Oli	torium, In and address of F	nci. 8/2	h, P.	١.	da, i	Md.
ahock, or heart failure. Liet only one cause on each line. Interval Bet Onset and disease or condition resulting in death) Out to or as a consequence of:											Approximate interval Betwee Onset and Deer
Sequentially list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d.											
		death but not resulting in the underlying cause given in Part I.						PERFORMED? 24I			
reaulting in death) LA	cent conditione	contributing to dea					_	1 TYES	2 ≱NO	(COMPLETION OF CAUSE OF DEATH?
reaulting in death) LA	TO MEDICAL				28.	PLACE OF DEATH (C)			OF DEATH?
PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5	TO MEDICAL	HOSPITAL: Inpatient 2 ER/ 28e. DATE OF INJU	(Outpetlant 3)		28. OTHER: I Nursing Ho OF 28c. II	PLACE OF DEATH (Come 5 Realdence	Check only one 6 12 Other 28d. DESC	(Specify)	RT 7	JAEO	OF DEATH?
PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	TO MEOICAL	HOSPITAL: Inpatient 2 ER/ 28a. DATE OF INJU.	Outpetlant 3 JRY Ser) / 9 JURY — At hon (Specifical	DOA 28b. TIME INJU	28. OTHER: Nursing Ho	me 5 Raaldenca IJURY AT ORK? YES 2 NO	in the Control one of the Control one of the Control one of the Control on the Co	(Specify) CRIBE HOW FORCY TION (Street	RT 7 INJURY OCCU YCLE and Number of	JAEO AC	CI DISMIT

DHMH-16 Rev 1/89

est industry these and the same of the same Account to the second second second second THE SECTION OF THE SE

The state of the s which is the same of the same

DHMH-16 Rev 1/89

	Ę	1000
A Comment	100	1
		Pages
		permit.
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,7
8	ng p	the b
(y	bu	SE
21	atte	use
- 2	0	0
	pita	20
Z	ě	ach
A	the state	de
7	3	2
2	bed	pine
~	etai	5
_	9	6.5
ш	ay t	bad
H	E	10,
\leq	96	irec
=	E	ज्ञ
Ž	eath.	huner
a A	9.	he i
1	2	-

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-flours after death. Page 6 may be retained by the distribution of the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR				EKIIF	ICALE	OF	DEATH	RE	EG. NO.				
	1. DECEDENT'S NAME (First Dixie L	100000000000000000000000000000000000000	rrett					0	2. DATE OF D MONTH 8-26-	1991		YEAR 3.	8:50 p. M	
	4. SOCIAL SECURITY NUMBER 220-40-0225	BER	5. SEX 1	6. AGE (In yrs. I	nst birthday) YRS.	IF UNDER	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 1-31-	IRTH Year) 1943		8. BIRTHPLA Country)	ACE (State or Foreign	
	9e. FACILITY NAME (If not in		med and number	70		Ob CITY	b. CITY, TOWN OR LOCATION OF DE				9c, COUNTY OF DEAT		TM.	
5	8103 Gamb	rill P				Frederick				Frederick				
5	RESIDENCE OF DEC	To de												
DIRECTOR	MD.	10c. CITY, TOWN OR LOCATION Frederick					10d. INSIDE 6 LIMITS? 1 \sum YES 2							
4	10e, STREET AND NUMBER							10f. ZIP CODE			10g. CITIZ	EN OF WNA	T COUNTRY?	
FUNERAL		8103 Gambrill Park Rd.						21702		USA				
ž	11. MARITAL STATUS 1 Never Merried 2 A 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	NO	н	yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 X NO Specify	n, Puerto Ricen		or No-	Black, V	American Indian, Inite, atc. White	
3	15. DEC	EDENT'S EDU	CATION		ECEDENT'S				16b. KIN0	O OF BUS	NESS/IND	USTRY		
	Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	+)	le. Do NOT u	se retired.)	k done during most of working etired.)		,, ,	n-	4	. / -		
žΙ				1 00	трисе	or spi	specialist					of En	ergy	
COMPL	W. L. Pete		00					16. MOTHER'S NA			Surneme)			
N N	190. INFORMANT'S NAME (u					Pearl	Ambr		A-1- W			
2	Neil S. Jar		TH		19b. MAILING ADD 8103 Ga 20b. PLACE AND DATE OF					,			1700	
	20e. METHOD OF DISPOSIT		J/L.	20h Pi A0										
	1 Buriel 2 D Crematic	of camela Smu	thsbu	rg other pl	g Crematory 8/30/91 S					Smiths burg. Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home, P.O. Box					x 1819	
- /	Handa L Lemmer							Frederick, Maryland 2170					2	
ON	IMMEDIATE CAUSE (Final disease or condition resulting in death) a.													

the hos	e detache		t once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ay be	page 5		be n
De 6 m	rector.		mus!
eath. Pag	huneral di		caminer
after d	y the	noval.	ca les
SUL	ed in b	or ref	med
Jin E.	tely fills	nation,	t, the
ad with	omplet	al, crer	even
be execut	ian and c	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	aumatic
ificate	physic	ene pric	her tr
th cert	ending	Hygie	or ot
he dea	the att	Menta	njury,
that t	ed by	th and	any i
requires	een sign	of Heal	Shows
He law	has b	Dept	1 23
W. T	ficate	State	r Hen
SICI	Cert	th the	d, 0
HI DNIC	After this	death wil	marke
TTEN	CTOR:	after	28 1
OR A	DIRE	hours	Item
SPITAL	VERAL	ZZ uin	IT: If
E HO	IE FUR	DIM DE	HITA
E C	HT OT	be file	IMPO

1. DECEDENT'S NAME (First, Middle, Last)				CATE OF	DEAT	1	2. DATE O	REG. NO.			3. TIME OF DEATH
Charles L.	Janke	77.7					MONTH	DA		YEAR	10:30 A.
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. last b	oirthday)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE C	F BIRTH	1-19	6. BIRTH	PLACE (State or Forei
214-07-0255	1XXM 2 □ F	75	YRS.	MONTHS DAYS	HOURS	MIN.		Day, Year)	115	Countr	WV
9a. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, TOWN C	R LOCATION	OF DE				NTY OF D	EATH
602 White Avenu	ie .		k	Cumberla	ınd				Alle	gany	7
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CITY	TOWN OR LOCAT	TION						10d. INSIDE CITY
MD Alleg	antr			berland							LIMITS?
10e. STREET AND NUMBER	cury		Cui		ZIP CODE				10g. CIT	IZEN OF V	VNAT COUNTRY?
602 White Avenu	ae				21502				U	SA	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMI	ED		ENDENT OF			(Specify Yea	or No-	14. RACE	— American Indian
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	AR OR DATES	Y		2 XXO	Specify		ioan, ato.,	= 1	Speci	My:
15. DECEDENT'S EDU	CATION	16a DECE	FOENT'S I	I USUAL OCCUPATION	n.		16h	KIND OF BUS	IMESS/IME		white
(Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of w	ork done durina ma	ist of working		100.	KIND OF BOX	JINE 33/INL	JOSINI	
12	College (1-4 b) 5		et.	Machini	st			Tire	Co.		
17. FATNER'S NAME (First, Middle, Last)					16. MOTN	ER'S NAI	ME (First, M	iddle, Malden	Sumame)		
John Marshall	Jankey, S	sr.			Jc	sen	hine	Law			
19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street a	and Number o	or Rural F	loute Numb	er, City or Tow	-		
Mrs. Faye J. T.	ipton			hite Av			erla	nd, M	215	502	
20a. METHOD OF DISPOSITION 1)∑Paurial 2 ☐ Cremation 3 ☐ Ram	oval from Stata	20b. PLACE Of other place	F DISPOS	ITION (Name of cer	metery, creme	itory or			CATION —		
4 Donation 5 Other (Specify)	CNGEE	HITT	cres	t Buria	L Pari	K OF FA	8-	1d Cu	mber:	Land,	, MD
21. SIGNATURE OF FUNERAL SERVICE LA)	11						1 Home	2		
Yames +	Caro	Ul.		Cuml	perla	nd,	MD 2	1502			
23. PART I Enter the diseases, or shock, or heert fellure.	complications the List only one can	t caused the deal	th. Do n	ot enter the mo	de of dyin	g, auci	as card	lac or reap	retory ar	reat,	Approximat Interval Bet
IMMEDIATE CAUSE (Final											Onset and
disease or condition reaulting in death)	• Arter	riosclero	tic	Heart D	iseas	e					
		(OR AS A CONSEQU	JENCE OF);							
Sequentially list conditions,	b. Diabe	CTES (OR AS A CONSEOU	JENCE OF):		-					-
If any, leeding to immediate cause. Enter UNDERLYING											
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CONSEQU	JENCE OF):							i.
cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSEQU	JENCE OF): 							
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d				g cause g	iven in	Part I.	24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FIN
cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST	d				g cause g	iven in	Part I.	PERFOR	RMED?	246	AMILABLE PRIOR TO COMPLETION OF CA
cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST PART II. Other algnificant condition	d				g cause g	iven in	Part I.		RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant condition Hypertension	d				g cause g	iven in	Part I.	PERFOR	RMED?	246	AMILABLE PRIOR TO COMPLETION OF CA
CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST PART II. Other aignificant condition Hypertension COPD	d			n the underlyin	g cause g			PERFOR	RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant condition Hypertension COPD	d		sulting i	n the underlyin	LACE OF DE	ATN (Ch	eck only on	PERFOR	RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
CRUSE. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inputant 2 28e. DATE Of	death but not red	Builting in DOA	26. P OTHER: 4 □ Nursing Non	LACE OF DE	ATN (Ch	eck only on	PERFOR	NO NO		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other eignificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 14. YES 2 NO 27. MANNER OF DEATN XX Natural 6 Pending	d	death but not red	Builting in DOA	26. P OTHER: 4 □ Nursing Non EURY WW	LACE OF DE	ATN (Ch	eck only on	PERFOI 1 YES 2	NO NO		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
CRUSE. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in desth) LAST PART II. Other algnificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\triangle \text{ YES } 2 \text{ NO} \) 27. MANNER OF DEATN XX Netural 6 Pending Investigation 3 Sulcide 6 Could not be	HOSPITAL: 1 Inpetiant 2 26e. DATE OI (Month, &	death but not red	Buiting i	26. P OTHER: 4 □ Nursing Non E OF 26c. IN. URY M 1 □	LACE OF DE	ATN (Ch	eck only on 6 Other 28d. DES	PERFOI 1 YES 2 1) (Specify) CRIBE NOW	NJURY OC	CCURED	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST PART II. Other eignificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN XX Natural 6 Pending Investigation	HOSPITAL: 1 Inpetiant 2 26e. DATE OI (Month, &	ER/Outpetlant 3 FINJURY Dey, Year)	Buiting i	26. P OTHER: 4 □ Nursing Non E OF 26c. IN. URY M 1 □	LACE OF DE	ATN (Ch	eck only on 6 Other 28d. DES	PERFOR 1 YES 2 (Specify) CRIBE NOW	NJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
CAUSE (Disease or injury that initieted events resulting in desth) LAST PART II. Other eignificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 14. YES 2 NO 27. MANNER OF DEATN XX Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 4 Homicide CERTIFFIER (Check only) 1 CERTIFFING PHYS	HOSPITAL: 1 Inputant 2 28e. DATE OI (Month, & buffding)	ER/Outpetlant 3 FinJURY — At home etc. (Specify)	DOA 26b. TilMI INJ	26. P OTHER: 4 Nursing Non E OF 26c. IN. URY M 1 Rivest, factory, office	LACE OF DE	ATN (Chaildence	8 Others 28d. DES 28f. LOC.	PERFOR 1 YES 2 (Specify) CRIBE NOW (Street or Fown, State) ee(a) and me	NJURY OC	or or Rural	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in desth) LAST PART II. Other algnificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\triangle \text{ YES } 2 \subseteq \text{ NO} 27. MANNER OF DEATN XX Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER 1 CERTIFIED BAVES	HOSPITAL: 1 Inputant 2 28e. DATE OI (Month, & buffding)	ER/Outpetlant 3 FinJURY — At home etc. (Specify)	DOA 26b. TilMI INJ	26. P OTHER: 4 Nursing Non E OF 26c. IN. URY M 1 Rivest, factory, office	LACE OF DE	ATN (Chaildence	8 Others 28d. DES 28f. LOC.	PERFOR 1 YES 2 (Specify) CRIBE NOW (Street or Fown, State) ee(a) and me	NJURY OC	or or Rural	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
CAUSE (Disease or injury that initieted events resulting in desth) LAST PART II. Other eignificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 14. YES 2 NO 27. MANNER OF DEATN XX Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 4 Homicide CERTIFFIER (Check only) 1 CERTIFFING PHYS	HOSPITAL: 1 Inpetiant 2 28e. PLACE (buffding)	ER/Outpetlant 3 FinJURY — At home etc. (Specify)	DOA 26b. TilMI INJ	26. P OTHER: 4 Nursing Non E OF 26c. IN. WY M 1	LACE OF DE	ATN (Chi	28d. DES 28f. LOC. City of to the caustime, data	PERFOR 1 YES 2 (Specify) CRIBE NOW (Street or Fown, State) ee(a) and me	NJURY OC	or or Rural	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
CRUSE. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in desth) LAST PART II. Other algnificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\(\begin{align*}\) Yes 2 \quid NO 27. MANNER OF DEATN X\(\begin{align*}\) Netural 6 \quid Pending Investigation 3 \quid Sulcide 4 \quid Homicide 29a. CERTIFIER (Check only 000) 2 \quid MEDICAL EXAMIN	HOSPITAL: 1 Inpetiant 2 28e. PLACE (buffding)	ER/Outpetlant 3 FinJURY — At home etc. (Specify)	DOA 26b. TilMI INJ	26. P OTHER: 4 Nursing Non E OF 26c. IN. WY M 1	LACE OF DE Ras	NO and due of at the NSE NUR	2ed. LOC. City to the cautime, data	PERFOR 1 YES 2 (Specify) CRIBE NOW (Street or Fown, State) ee(a) and me	NJURY OC	course or Aural the cause(AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO Route Number,
CRUSE. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in desth) LAST PART II. Other algnificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\(\begin{align*}\) Yes 2 \quid NO 27. MANNER OF DEATN X\(\begin{align*}\) Netural 6 \quid Pending Investigation 3 \quid Sulcide 4 \quid Homicide 29a. CERTIFIER (Check only 000) 2 \quid MEDICAL EXAMIN	HOSPITAL: 1 Inpatiant 2 28e. DATE OI (Month, L) 28e. PLACE (building)	ER/Outpetiant 3 Final Properties of the Company of	DOA 26b. TilMI INJI	26. P OTHER: 4 Nursing Non E OF 28c. IN. WY M 1 Rivest, factory, office and at the time, date n, in my opinion, of	LACE OF DE Ras	ATN (Chi	2ed. LOC. City to the cautime, data	PERFOR 1 YES 2 (Specify) CRIBE NOW (Street or Fown, State) ee(a) and me	NJURY OC	course or Aural the cause(AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No. Route Number, a) and manner as sta
CRUSE. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST PART II. Other algnificant condition Hypertension COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\(\Delta\) YES 2 NO 27. MANNER OF DEATN X\(\Delta\) Netural 2 Accident 3 Sulcide 4 Homicide 1 CERTIFIER (Check only 1 CERTIFYING PHYS ONE) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpettant 2 28e. DATE OF building	ER/Outpetiant 3 FINJURY Day, Year) OF INJURY — At home etc. (Specify) I my knowledge, deat examination and/or in	DOA 26b. Tilled in the occurre westigetto	26. P OTHER: 4 □ Nursing Non EOF URY M 1 □ street, factory, office and at the time, date n, in my opinion, of Print)	LACE OF DE Ras	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28f. LOC. City of to the cautime, deta	PERFOR 1 YES 2 (Specify) CRIBE NOW (Street or Fown, State) ee(a) and me	INJURY OC	or or Rural . thed. the cause(AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No. Route Number, s) and manner as sta 0 (Month, Day, Year) 4/91

3. TIME OF DEATH

a. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS? YES 2 NO

14. RACE — American Indian, Black, White, atc.

specify: te

10:25 A M

9c. COUNTY OF DEATH ALLEGANY

109. CITIZEN OF WHAT COUNTRY?

TO THE HOSPITAL OR ATTENDING F
TO THE FUNERAL DIRECTOR: After t
be filed within 72 hours after death
IMPORTANT: If I'vem 28 is man

296. SIGNATURE AND TITLE OF CERTIFIER

JOHN MEHANNA, M.D.

		1 - FOR STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAR CERTIF						YGIENE EG. NO.		
P D	1	1. DECEDENT'S NAME (First, Middle, Lest) PATRICIA RUTH	JACOBS				Ŧ			2. DATE OF I	DAY	991	3
T	1	4. SOCIAL SECURITY NUMBER 820070203	5. SEX	6. AGE (Ir	yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE OF E		a. BIF	
plnods	œ	9a. FACILITY NAME (If not institution, give st	treet and number)			100			ON OF DE	ATH	-	COUNTY OF	
7, 2, 33	TO	SACRED HEART HOSP.	ITAL			CUN	IBEF	RLAN	D		100	ALLEG	1
it. Pages	DIRECTOR	MD Allegar			7.77	berla		ION					
n. Insit perm	FUNERAL	800 Washington S	treet					. zip cod .502	Œ			USA	•
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages notified at once.	BY	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDER FORCES?	1 YES	2XXXNO	1 1		ecify Cub	en, Maxice	IIC ORIGIN? (S n, Puerto Rice /:		14. RA	1
1215 r attenduse as	TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		16a. DECEDENT'S (Give kind of life. Do NOT u	Work done	CCUPATIO during mo	ON st of work	ing	16b. KIN	ID OF BUSINES	SS/INDUSTRY	Y
AND 212- the hospital or att detached for use once.	PLET	Elementary/Secondary (0-12)	Collega (1-4 or 5	+)	housev					0	wn hom	e	
YLAND 2 by the hospital be detached for at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Norbert B. O'Don	mell					-		ME (First, Middle G. Wi			
	TO B	19a. INFORMANT'S NAME (Type/Print) Mrs. Betsy J. Sh	errier		196. MAILING Cumbe		Route Number, (City or Town, St	ate, Zip Code))			
ORE e 6 may ector, pa		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name noval from State Surjector Memorina) Park							8-23	cumbe:	on - city or rland	
ALTIN death. Pag tuneral dir		21. SIGNATURE OF FUNERAL SERVICE LIC	Mca	421	lli	² S	carp tumbe	ell: erlar	Ess of Fair nd, M	ieral F D 2150	Home 12		
760, and within 24 hours after any properties of the part of the p	7	23. PART V Enter the diaeases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Ca	ause on ea	the deeth. Do	n 9	the mo	ride of di	ling, euc	h se cerdisc	cor respirato	ory errest,	1 1
P.O. BOX th certificate be rending physician il Hygiene prior t or other traus	CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c		CONSEQUENCE	ma	nia	2 2	e an-	aft to	Paso	A	
RECORDS requires that the peen signed by the of Health and M shows any inju	MEDICAL	PART II. Other algolficent condition	ne contributing to	o death be	ut not resulting	In tha u	nderlyln	g cause	given in		e. WAS AN AUT PERFORMED	2	2
N: The law ricate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	neck only one)			_
F VIT. SICIAN: Th certificate the State t, or iten	YSI	1 TYES 2 NO	1 inpatient 2			4 🗆 Nu	raing Hon		Residence	8 Other (S			_
ON OF ING PHYSIC After this or leath with t		27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE O (Month,	Day, Year)	28b. Ti	ME OF JURY M	28c. IN. WC	JURY AT DRK? YES 2	□ NO	28d. DESCR	BE HOW INJU	RY OCCURE	0
ISIC TTEND TTOR: A after d	TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE building	OF INJURY g, etc. (Spec	— At home, ferm	, street, fac	tory, offic	ia .			ON (Street and lown, State)	Number or Ru	u Ir
DIV OR A DIREC hours	PLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowl	edge, death occu	rred at the	time, data	and place	e, and due	to the cause(a) and menner	as stated.	

una

TED CAUSE OF DEATH (ITEM 27) (Type, Print)

2. REGISTRAR'S SIGNATURE

ocation - City or Town, Stata berland, MD piratory errest, Approximate Interval Between **Onset and Death** 12 mo 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? N AUTOPSY NO NO 1 YES 2 NO INJURY OCCURED 28a. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. igation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶8-21-9 909-B SETON DRIVE CUMBERLAND, MARYLAND 21502 DHMH-16 Rev 1/89

10

COMPLETED

	FOR
1	STATE
	REGISTRAR

91 2471	10
---------	----

	1 - STATE REGISTRAR	STATE OF N			ICATE					REG. NO.	E	71	24/10
	1. DECEOENT'S NAME (First, Middle,	Last)							2. DATE OF	DEATH			3. TIME OF OEATH
	RUTH MORROW	JACOBSON							Aug.	31,	1991	YEAR	8:10 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER	_	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
	213-48-0770	1 🗆 M 2 🔀 F	96	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	12.1	894	Per	nsylvania
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY,	TOWN C	OR LOCATION	ON OF DE				NTY OF D	
E	2701 Mede Cour	t			F	all	ston					Harf	ord
5	RESIDENCE OF DECEDEN			,									
DIRECTOR	10a. STATE 10b. CO	DUNTY			Y, TOWN O						10d. INSIDE CITY LIMITS?		
	Maryland			Bo	altim						1 X YES 2 NO		
Z	10e. STREET AND NUMBER	1 0		101. ZIP CODE							10g. CITIZEN OF WHAT COUNTRY?		
E I	2939 North Cha						1218					USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Olivorced	T EVER IN U.S. AF YES 2 X AR OR DATES		1	f yes, sp		n, Mexica	IIC ORIGIN? n, Puarto Ric		or No—	14. RACE Black Speci		
	15. DECEDENT'S (Specify only highest		16a. DE	ECEDENT'S	USUAL OG	CUPATIO	ON ast of working	in.	16b. K	IND OF BU	SINESS/INI	DUSTRY	
E I	Elementary/Secondary (0-12)	College (1-4 or 5) Ille	. Do NOT u	se retired.)								
MP		2	HO	memal	er					H	ome		
COMPLET	17. FATHER'S NAME (First, Middle, Las	,					111111111111111111111111111111111111111		ME (First, Mic	tell sector			
BE		melius Sh						zzie		ance		ewis	5
2	19a. INFORMANT'S NAME (Type/Print) Barbara D. Di								Route Number				
		L.L.							ston	_			
	20a. METHOD OF DISPOSITION 1		20b. PLACE The	of Dispo	on Ce	me of com mete	metery, cren ELY	natory or				ale,	
	21. SIGNATURE OF FUNERAL SERVI	CE LIGENSEE	2				ND ADDRE					1 7	
	Deploy D	8 MIO	MARIO	112									Iome, P.A. Id. 21009
	23. PART I. Enter the diseases	, or complications the	it ceused the de	eath. Do									Approximate
	shock, Dr heert fei	lure. List only one cau					65					00	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		04.0	6	t								Oliset slid Doutil
	resulting in death)	8. DUE TO	(OR AS A CONSE	SEQUENCE OF):									
_													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	CONSEQUENCE OF): CONSEQUENCE OF):									
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury	۵											
E	that initiated events	DUE TO	(OR AS A CONSE										
E	resulting in death) LAST	d											
2	PART II. Other significant con	ditione contributing to	death but not	resulting	In the ur	deriyin	g cause	given in	Part I.	4a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
DICAL							•			PERFO	Ph.		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED									— I	YES :	L_/NO		OF DEATH?
Σ									- 1				1 NES 2 NO
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDIC	CAL			_	26. P	LACE OF C	EATH (Ch	eck only one)				
SC	EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpatient	3 □ DOA	OTHE	₹:			6 🗆 Other				
¥	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b, TI	ME OF	28c. IN.	JURY AT	Patterice		RIBE HOW	INJURY O	CCURED	
	Netural 5 Pending		Day, Year)	IN	JURY M		ORK? YES 2[NO					
В В	2 Accident Investig 3 Suicide 6 Could n	28e. PLACE C	OF INJURY — AI h	ome, ferm,	street, faci	tory, offic	00					er or Rural I	Route Number,
핃	4 Homicide detarmin		etc. (Specify)						City or	Town, State)		
Ë	290. CERTIFIER	PHYSICIAN: To the best of	l my knowledne d	leath occur	and at the I	Iron date	a and place	nod due	to the own	e(e) and me	nner en et	ntod	
COMPLETED	onel -	AMINER: On the basis of a											s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CE					-							
BE	n c	76.73						ENSE NUI			290. DA	01 1	(Month, Day, Year)
ဥ	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CALL	ISE OF DEATH #TI	EM 27) (Tun	e. Print)			327	7)			ין וש	()
- 1	D=1-0<					4.6	0.0	7					
	31. DATE FILED (Month (QE()) (od))	32. REGISTR	APPS SIGNATURE	1 200	- 14/1	32	a						
- 3	95h A	91	Julia David	toon-D	ander	2							

211- 10

16 · 5 · 6 · 7

BALLIMORE, MARTLAND ZIZIS-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-tran	ical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 88780,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	De Med Willing /2 Hours driet deen with the Sake Dept. Of regulation mental hypere profits contact, the medical examiner must be notified at once.	

_	REGISTRAR		CERTIF	CATE	PUEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Harry G	rayson	Jack	KSON	1	2. DATE OF DEATH DATE OF 30	Y 9 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. 215-32-3200 N	SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 03-19-0	Cou	THPLACE (State or Foreign ntry) [aryland]
5	98. FACILITY NAME (If not institution, give street FallSton Ger	and number) 7 HOSP	ital	96. CITY, TOW	STON .	EATH	9c. COUNTY OF	N FTVd
ן ב	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
- DIMECTOR	Maryland H	larford	100.01		orest H:	ill		1 TES 2 NO
EHA	100. STREET AND NUMBER 1341 Coopt				101. ZIP CODE 21 (050		WHAT COUNTRY?
BT FUNEHAL	11. MARITAL STATUS 12. 1 Never Married 2 Merried 2. Merried 3. Wildowed 4 Diverced	. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO DATES	If yes,	Specify NO Specify		Ble	CE — American Indian, ack, White, etc. ecity: Black
3	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	USUAL OCCUP	TION	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLE	(Specify only highest grade com Elementary/Secondary (0-12) C	college (1-4 or 5+)	Ille. Do NOT us	mer	most of working	1 5	Farmi	ing
5	17. FATHER'S NAME (First, Middle, Last)		2 002		16 MOTHER'S NA	ME (First, Middle, Maiden		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ard Ja	ckson			issauri	Odinanie)	Cromwell
4	19a. INFORMANT'S NAME (Type/Print)	al a		ADORESS (Stre		Route Number, City or Tow	n State 7in Code)	CLOMMETT
2	Annie M. Greene				as #10	riodio ridinos, ony or ion	n, olaia, zip occey	
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal	from State of	b. PLACE AND DATE	or other place)	ON (Name		CATION City or	
	4 Donation 8 Dother (Specify) 21, SIGNATURE OF FUNERAL SERVICE/LICENS		airview		Cemetery		cest Hi	11, Md.
	· M. Bladder	Kurt	亚	K		neral Hon Zille. Ma		
	23. PART 1. Enter the diseases, or com shock, or heart fellure. Liet IMMEDIATE CAUSE (Finel disease or condition	t only one cause on e	eech line.	not enter the	mode of dying, suc	h as cerdiec or resp	Iratory arrest,	Approximete Interval Between Onset and Death
	resulting in death) e	Caran	A CONSEQUENCE OF	7 ~	my			I MC.
	_	302 10 (0.1110		. ,.	V			
HILICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):				
4	cause. Enter UNDERLYING							
Ĭ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				
=	resulting in deeth) LAST							
5	DART II ON - I - III - II					1		
Z Z	PART II. Other significent conditions c				ing ceuse given in	Part I. 24a. WAS AN PERFOI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	Superior Vena	eava obs	Temus	3		1 TYES :	D(NO	COMPLETION OF CAUSE OF DEATH?
M							4.1	1 TYES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			PLACE OF DEATH (C)	neck only one)		
2		Inpatient 2 - ER/Out	patient 3 DOA	OTHER:	iome 8 🗆 Residence	8 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	9/2
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, factory, o	rifica	28f. LOCATION (Street City or Town, State		al Route Number,
ш	29a. CERTIFIER				Su Estitum Torre			
COMPLEIED	(Check only one) 2 MEDICAL EXAMINER: (e(a) and manner as stated.
П	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SIGN	IED (Month, Day, Year)
ן מ	Whinan	MD			D326	09.	▶8/311	91
2	30. NAME AND ADDRESS OF PERSON WHO C	MANI MA	EATH (ITEM 27) (Type	Print)	nW ST . 1-1 A	were No Co		
		32. REGISTRAR'S SIGN	NATURE .	700010	-11 -11	AND DE CH	ALCE . IAC	54104
	31. DATE FILED (SEP 00) 91	Julia Da	vidson-Rand	482		wre de Ga		

[[]]

DHMN-18 Rev 1/89

F.E.H.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
100	2		F
ped	pira		Pe
etair	A.		otifi
De c	50		-
3ay	Dad	Ĩ	P
9	ctor		nus
age	dine		10
h. P	eral		nin
deat	ful.	١.	жа
fter	the /	Ova	je:
S	25	rem	9
100	pa	0	Ē
124	N FII	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the
vithir	etel	пеш	ant,
A pa	E O	S. C.	2
Pocut	P	buni	alle
9	E U	2	E
Te D	Sicia	Drior	E
fical	E	ne (her
Cert	Sing	70	6
ath	tten	Tal +	9
e de	he a	Мел	E
If th	5	pu	m /
s the	Ded	14	an an
uires	Sign	Hea	XX.
red	een	0	sho
AW.	as b	Jept.	23
The	te h	ate C	E
AN:	Life	St	1 15
SICI	Cer	#	0.1
PHY	this	W	rke
NG	fter	eath	E
ON.	R: A	er d	20
ATTE	000	aft.	28
OR,	DIRE	OUR	tem
IA	ALL	27	H
SPIT	NER	hin	Ë
유	FU	WIL	TA
표	置	filed	0
2	2	2	Ξ

1 - STATE REGISTRAR	STATE OF M	ARYLANI	D / DEPAR CERTIF	TMENT	OF H	EALTH DE A	AND I	MENTA	L HYGIE			
1. DECEDENT'S NAME (First, Middle, Lest) KEVIN	LEE			NES		A	Ü	2. DAT MON 8	OF DEATH		97577	3. TIME OF DEATH 19:37
4. SOCIAL SECURITY NUMBER 212-86-7252 9a. FACILITY NAME (If not institution, give:	1 XM 2 - F	6. AGE (In yrs 24	s. lest birthday) . YRS.	IF UNDER	DAYS	IF UNDER	MIN.	1 0	of BIRTH th, Day, Year) -23-1	966	8. BIRTH Country Mar	PLACE (State or Foreign y)
BALTIMORE - WASH RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Pri		PKWY.		9b. CITY		UREI		EATH			INCE	GEORGES
	nce George	es	10c, CIT	Y, TOWN C	_	aure.	1					10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO
10e. STREET AND NUMBER 8403 Oa	k Stream 1	Road			101	207	708			10g. CIT	USA	HAT COUNTRY?
11. MARITAL STATUS 11. Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 { IF YES, GIVE WA	YES 2	ARMED		If yes, sp	ENDENT C	OF HISPAN	n, Puerto	N? (Specify Y Rican, etc.)	es or No—		- American Indian, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a.	DECEDENT'S (Give kind of w life. Do NOT us Refin	vork done (e retired.)	during mo.	ON st of workin	ng	16	b. KIND OF BI			
17. FATNER'S NAME (First, Middle, Last) Harold D.	Ionas		KCTTII	Talle	_	1			Middle, Maide		amin	ator
190. INFORMANT'S NAME (Type/Print) Harold D. Jones			196. MAILING Rt. 2	ADDRESS	(Street a	nd Number	or Runal F	Route Nun		vn, State, Zig		
20a_METNOO OF DISPOSITION T Burlat 2 Cremation 3 Ram 4 Donatton 5 Other (Specify)		compten	CE AND DATE O	F DISPOS	ITION (Na	ma of		Gran		OCATION -	City or Tov	
21. SIGNATURE OF FUNERAL SERVICE LIC	Trond	1 For	t Line	22 H	ines	/Rin	aldi	Fur	neral	Home		d, Md. Md. 20904
23. PART I. Enter the diseases, or ehock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· ump	ريخ	Ine.	ni		de of dyl	ng, auch	ae car	diec or reep	olratory en	rest,	Approximata interval Between Onset and Death
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c		SEOUENCE OF									
PART II. Other significent condition	s contributing to d	eath but no	ot resulting in	n the un	deriying	couse g	ilven in i	Part I.	24a. WAS AI PERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		12	ОТНЕЯ		ACE OF DE	EATH (Che	ck only o	10)			
1 YES 2 NO 27. MANNER OF DEATN 1 Maturel 5 Pending Investigation	1 Inpetient 2 E 28e, DATE OF IN (Month, Day, 8 - 2 1	JURY Year)	28b. TIME 1 9 : 3	4 Nurs	28c. INJU WOF	IRY AT		28d. DE	CRIBE NOW			/AUTO IMP
	28a. PLACE OF	INJURY — At c. (Specify)	home, farm, at		ory, offica			28f, LOC City	ATION (Street or Town, State	and Number	or Rural Ro	
3 Suicide 8 Could not be 4 Nomicide determined	building, et											OTA TIMAT.
3 Suicide 8 Could not be 4 Nomicide determined	CIAN: To the best of m	y knowledge, mination and/	death occurred	d at the th	me, data :	and place,	and due	to the car	ree(s) and ma	nner as stat	ed,	
3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only)	CIAN: To the best of m	mination and/	or investigation	ı, İn my op	me, data :	29c. LICE	ed at the t	time, data	and place, a	nner as stell	ed, e cause(s) E SIGNED (

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, M	Aiddle, Last)	AGNE	SMS	9HN:	SON				2. DATE OF GEATH	§-91	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	16	Country)	ACE (State or Foreign
	90. FACILITY NAME (If not instit		/3	7.2		9b, CITY,	TOWN C	R LOCATIO	ON OF DE	ATH	9c. COUNT		
TOR	Washington	Adve	entist	Hospit	al			oma			11		MERY
EC		IOB. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION				1	Od. INSIDE CITY
FUNERAL DIRECTOR	Maryland	Mo	ontgome:	ry		Sil		Spi		r			LIMITS?
RAL	10e. STREET AND NUMBER		1. D 3				101	. ZIP CODI					AT COUNTRY?
N N	1227 E. Ra		ON ROAD	EVED IN HE ADI	MED	1 40.1	## C DEC		2090) 4 NC ORIGIN? (Specify Yes		USA	
BY FU	1 Never Married 2 Mills Widowed 4 Divorce	lerried	FORCES? 1 [IF YES, GIVE WA	YES 2	0		f yes, sp		n, Mexica	n, Puerto Rican, atc.)	or No.	Black, 1	- American Indian, White, atc. Black
	15. DECED	DENT'S EDUCAT	TION	16a, DE	CEDENT'S	USUAL OC	CCUPATIO	ON	-	16b. KIND OF BU	SINESS/INDU	ISTRY	
COMPLETED	(Specify only h	highest grade co	ompleted) College (1-4 or 5 +)	(Gi	ve kind of	work done o se retired.)	during mo	at of worldr	g				
릴	6th	-/	contage (1-4 of 5 f)		Hous	sewi	fe						
Š	17. FATHER'S NAME (First, Midd	dle, Last)						18. MOT	HER'S NA	ME (First, Middle, Malden	Surname)		
BE	John W. Jo	hnson	ı						M	Marie Joh	nson		Particular
5	Patricia B		ev (Dane							Rockvill			1852
	20a. METHOD OF DISPOSITION	N		20b. PLACE	ANO DAT	E OF OISP	OSITION		,		CATION — C		
	1X Burial 2 Cremation 4 Donation 5 Other (S	Specify)		of cemetary, Gate	of	Hea Hea	_{lace)} ven	Cen	1.	8/28 Si	lver	Spr	ing, MD
	21. SIGNATURE OF TUNERAL	A4	ISEE /	Turi	Al	1, S	MOM		FUN	CILITY IERAL HOM	E, P		
_	23. PART I. Enter the dise	eases, or cor	mplications that	coused the de-	eth. Do	not enter	the mo	de of dv	na suc	MD 20850	iratory arra	et	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	oft failure. Li	et only one caus	on each line	ena(Ea	j th	£е	F	AILU P	E		Interval Between Onset and Death
_		_	Inst	ulin De	DENCE O	ndan	t D	jabe	tres	DIABE	785		
Į.	Sequentially list condition if sny, leeding to immedia	ate		OR AS A CONSEC			. 14	V 14. 1		P (1)	, -		
2	cause. Enter UNDERLYING CAUSE (Disesse or Injury		DUE TO 6	OR AS A CONSEC	NIENCE O	NED:							
E	that initiated events resulting in deeth) LAST	4.	502 10 (ON AS A CONSEC	VENCE (r. j.							
2	PART II. Other significant	conditions	contributing to	death but not n	noultine.	In the co	al a els els		-1 1-	Part I. 24s, WAS AN	ALITO DOLV	Tan I	
MEDICAL CERTIFICATION	EP1		ERAL	V1)	CV	C A	1	1 /7 (29	PERFO	RMED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										_		1	☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL			_		20.00	100 000	FAT				
C	EXAMINER?	4	HOSPITAL:			OTHER	3:	3.1		eck only one)			
14S	1 TYES 2 NO	1	28e. DATE OF I		□ DOA 28b. Till			URY AT	aldence	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIBA OCCI	IDED	
BY P	1 Natural 5 P	ending reatigation	(Month, De		IN	JURY M	WC	YES 2	NO	and Describe NOW	INDON'I OCC	ONED	
COMPLETED B	3 Suicide 8 C	ould not be stermined	28e. PLACE OF building, e	INJURY — At ho rtc. (Specify)	me, farm,	street, fact	lory, offic	•		281. LOCATION (Street City or Town, State		or Rural Ro	ute Number,
7	29e. CERTIFIER (Check only	FYING PHYSICI	AN: To the best of i	my knowledge, de	ath occur	red at the t	lma, date	end place	, end due	to the cause(e) end ma	nner as state	d.	
NO.	one)									time, date end place, e			and manner as stated.
BE C	296. SIGNATURE AND TITLE C	OF CERTIFIER						Sec. LIC	ENSE NUI	MBER	29d. DATE	SIGNEO (Month, Day, Year)
10	39. NAME AND ADDRESS OF I	DEDECK WILL	COMPLETED ONLY	E OF BEATH AT	W 077 7	- Out		y	140	771	10	1/25	191
	K S VD H	ALAS	R, 761				76	A 12	30 5 m	A PARE	m	3 2	10912
	31. DATE FILED (Month, Day, Ye			SIGNATURE	andel	2							

91-4862-031

FOR STATE

31. DATE FILED (Month, Day, Year)

AUG 27 '91

32. REGISTRAN'S SIGNATURE
Suha Savidson Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91 24720

•	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	020
TO THE HOSPITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	physician.
TO THE FUNERAL be filed within 72	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit has be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	burial-transit permit Pages
IMPORTANT: If	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	1

	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			TIME OF DEAT	н
	Andre	Jo	hnson			0.8	2.4		EAR		AIM
			(In yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			3:32 ACE (State or Fo	A-
	217-31-0493	1 XM 2 F	YRS.	MONTHS DAYS	HOURS MIN.	(Monti	h, Day, Year)		Country)		reign
	9e. FACILITY NAME (If not institution, give stre			6			2-91			rland	
œ					OR LOCATION OF D	DEATH		9c. COUNTY	OF OEAT	Ή.	
2	Shady Grove Adv	entist Ho	spital	Rocky	ille			Mont	gome	rv	
EC	10s. STATE 10b. COUNTY		10a CI	Y, TOWN OR LOCA	TION						
R			100.01						10.	d. INSIDE CITY LIMITS?	
	Maryland Mo	ntgomery			ithersb	ourg			17/	YES 2	NO
3A				10	of, ZIP CODE			10g. CITIZEI	OF WHA	T COUNTRY?	
Ü	8250 Amity Circ	le			208	377			USA	4	
FUNERAL DIRECTOR		12. WAS DECEDENT EVER		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN	? (Specify Yea	or No- 14	-	American India	n,
ВУ	1 XNever Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES	If yea, a	pecify Cuban, Maxic S 2XXVO Speci	an, Puerto I	Rican, atc.)		Black, W	hila, etc.	
	3 Wildowed 4 Divorced								apouny.	Black	
Ш	15, DECEDENT'S EDUCA (Specify only highest grade of	TION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b.	KIND OF BUS	INESS/INOUS	TRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during m se retired.)	ost or working						
릴	N/A			N/A							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			14/ 21	16. MOTHER'S NA	AME (First I	Aiddle Maiden I	Cumama)			_
	Andre L. Johnso	m									
BE	19a. INFORMANT'S NAME (Type/Print)	11			NICO	ote M	I. Sew	rell			
2		7 (20 . 3			and Number or Rural					20876	
	Nicole M. Sewel	The second secon		0 Fred	erick R	d.,	#23,	Germa	anto	wn, M	D
	20s. METHOD OF DISPOSITION 1 XBurist 2 Cremation 3 Remov	ral from State ce	metery, crematory or o	ther place)		DATI		ATION - City			
	4 Donation 5 Other (Specify)		Gate of	Heave:	n Cemet	erv	8/27	Silve	er S	m. MD	
	21. SIGNATURE OF FUNERAL SERVICE LICES	M9E4 /	,	22. NAME A	ND ADDRESS OF FA	ACILITY					
	10-1821	V /han	le		WDEN FU			•	. A .		
-	22 DADY I Entire the disease	CHARGA	7000	ROC	KVILLE,	MD	<u> 20850</u>)			
	23. PART i. Enter the diseases, or co	mplicationa that cause	ed tha death. Do	not antar tha me	oda of dving, suc	ch as card	lac or readir	story arrest		Approxima	
	anock, or neart failure. Li	at Dnly Dna causa on e	each ilna.		and or offing, one	on au cura		atory arrest	1		
	IMMEDIATE CAUSE (Final	at Dnly Dna causa Dn	each lina.		,	on all our		atory arrest	,	Intarval Ba	tween
	IMMEDIATE CAUSE (Final	at Drily Dra causa Dri e	each Ilna.			JII 44 Out 0		atory arrest	,	Interval Ba	tween
	IMMEDIATE CAUSE (Final	SUDDEN INF	each Ilna.	H SYNDRO				actory arrest	9	Interval Ba	tween
z	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	SUDDEN INF	each lina. FANT DEAT	H SYNDRO				actory arrest	9	Interval Ba	tween
rion	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions.	SUDDEN INE	each lina. FANT DEAT	'H SYNDRO				active arrest	9	Interval Ba	tween
CATION	IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	SUDDEN INE	FANT DEAT A CONSEQUENCE O	'H SYNDRO				active arrest	9	Interval Ba	tween
IFICATION	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate	SUDDEN INEDUE TO (OR AS	FANT DEAT A CONSEQUENCE O	PH SYNDRO				unity silves	,	Interval Ba	tween
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	SUDDEN INEDUE TO (OR AS	FANT DEAT A CONSEQUENCE O	PH SYNDRO				unity silves	,	Interval Ba	tween
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SUDDEN INF DUE TO (OR AS DUE TO (OR AS	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE	PH SYNDRO	OME			and y arrest		Interval Ba	tween
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	SUDDEN INF DUE TO (OR AS DUE TO (OR AS	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE	PH SYNDRO	OME		24a. WAS AN A	WTOPSY	24b. WE	Interval Ba Onaet and	tween Death Death
	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SUDDEN INF DUE TO (OR AS DUE TO (OR AS	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE	PH SYNDRO	OME		24e. WAS AN A PERFORM	NJTOPSY MED?	24b. WEI	Interval Ba Onaet and Interval Ba Onaet and Interval Ba Interval Ba Interval Ba Interval Ba Interval Ba Interval Ba Interval Ba Interval Ba	tween Death Doings
EDICAL	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SUDDEN INF DUE TO (OR AS DUE TO (OR AS	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE	PH SYNDRO	OME		24a. WAS AN A	NJTOPSY MED?	24b. WEI	Interval Ba Onaet and	tween Death Doings
MEDICAL	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SUDDEN INF DUE TO (OR AS DUE TO (OR AS	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE	PH SYNDRO	OME		24e. WAS AN A PERFORM	NJTOPSY MED?	24b. WEI AWA	Interval Ba Onaet and PRE AUTOPSY FINILABLE PRIOR I	tween Death Death Dinings ONUSE
MEDICAL	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	SUDDEN INF DUE TO (OR AS DUE TO (OR AS	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE	PH SYNDRO	OME		24e. WAS AN A PERFORM	NJTOPSY MED?	24b. WEI AWA	Interval Ba Onaet and Onaet and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CL DEATH?	tween Death Death Dinings ONUSE
MEDICAL	IMMEDIATE CAUSE (Final disease or condition reautiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SUDDEN INF DUE TO (OR AS DUE TO (OR AS	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE	PH SYNDRO	OME	Part I.	24a. WAS AN A PERFORA	NJTOPSY MED?	24b. WEI AWA	Interval Ba Onaet and Onaet and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CL DEATH?	tween Death Death Dinings ONUSE
MEDICAL	IMMEDIATE CAUSE (Final disease or condition reautiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	SUDDEN INE DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF	PH SYNDRO F): F): In the underlyin 26. PI	OME g cause given in	Part I.	24a. WAS AN A PERFORM	NJTOPSY MED?	24b. WEI AWA	Interval Ba Onaet and Onaet and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CL DEATH?	tween Death Death Dinings ONUSE
MEDICAL	IMMEDIATE CAUSE (Final disease or condition reautiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	SUDDEN INF DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTRIBUTING TO death to	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting	PH SYNDRO F): F): In the underlyin 26. Pi OTHER: 4 Nursing Hon E OF 28c. IN.	g cause given in	Part I.	24a. WAS AN A PERFORM	NUTOPSY MED?	24b. WEI AWA COI OF	Interval Ba Onaet and Onaet and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CL DEATH?	tween Death Death Dings DINGS
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S	SUDDEN INF DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTRIBUTING TO death to	FANT DEAT A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting	PH SYNDRO F): F): In the underlyin 26. Pi OTHER: 4 Nursing Hone E OF 28c. IN. Nursing Hone UNY Nursing Hone OF 28c. IN. Nursing Hone OF 28c. IN	g cause given in	Part I.	24a. WAS AN A PERFORM 1 VES 2	NUTOPSY MED?	24b. WEI AWA COI OF	Interval Ba Onaet and Onaet and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CL DEATH?	tween Death Death Dinings ONUSE
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pandings 2 Accident S Pandings	SUDDEN INE DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS.	Petient 3 DOA 28b. TIM	PH SYNDRO F): F): In the underlyin 26. Pi OTHER; 4 Nursing Hore E OF 28c. IN. WK M 1	g cause given in	Part I.	24s. WAS AN A PERFORM 1 VES 2 (Specify) CRIBE HOW IN.	UTOPSY AED? NO JURY OCCUR	24b. WEI AMA COI OF 1	RE AUTOPSY FINIL ABLE PRIOR 1 MPLETION OF CO DEATH? YES 2 N	tween Death Death Dinings ONUSE
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO NOTE: The provided High Part of the P	SUDDEN INF DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTRIBUTING TO death to	Petient 3 DOA 28b. TIM	PH SYNDRO F): F): In the underlyin 26. Pi OTHER; 4 Nursing Hore E OF 28c. IN. WK M 1	g cause given in	Part I. Deck only one 6 Other 28d. DE\$	24a. WAS AN A PERFORM 1 VES 2	UTOPSY AED? NO JURY OCCUR	24b. WEI AMA COI OF 1	RE AUTOPSY FINIL ABLE PRIOR 1 MPLETION OF CO DEATH? YES 2 N	tween Death Death Dinings ONUSE
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reautiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1	SUDDEN INE DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTributing to death to Inpertant 2 (XER/Out) 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	Petient 3 DOA 28b. TIM INJ Y — At home, farm, is	PH SYNDRO F): F): In the underlyin 26. Pi OTHER: 4 Nursing Hon E OF 28c. IN. WY M 1 III stread, factory, office	g cause given in LACE OF DEATH (Ch 10 5 Residence SURY AT SHX 7 YES 2 NO	Part I. 6 Other 28d. DES	24a. WAS AN A PERFORA 1 VES 2 9) (Specify) CRIBE HOW IN.	JURY OCCUR	24b. WEI AMA COI OF 1	RE AUTOPSY FINIL ABLE PRIOR 1 MPLETION OF CO DEATH? YES 2 N	tween Death Death Dinings ONUSE
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reautiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated enter injury that inj	SUDDEN INE DUE TO (OR AS. DUE	Petiant 3 DOA 28b. TIM Y — At home, farm, avoiding, death occurrence.	PH SYNDRO F): In the underlyin 26. Pi OTHER: 4 Nursing Hore E OF 28c. IN. URY M 1 Interest 1	g cause given in LACE OF DEATH (Ch. 10 5 Residence SURY AT JRK7 YES 2 NO	Part I. 6 Other 28d. DES:	24a. WAS AN A PERFORM 1 VES 2 0) (Specify) CRIBE HOW IN. VION (Street and or Town, State)	JURY OCCUR	24b. WEI AMA COIL OF 1	RE AUTOPSY FINIL ABLE PRIOR 1 MPLETION OF CU DEATH? YES 2 N	tween Death Double State of the state of th
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reautiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated enter injury that inj	SUDDEN INE DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTributing to death to Inpertant 2 (XER/Out) 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	Petiant 3 DOA 28b. TIM Y — At home, farm, avoiding, death occurrence.	PH SYNDRO F): In the underlyin 26. Pi OTHER: 4 Nursing Hore E OF 28c. IN. URY M 1 Interest 1	g cause given in LACE OF DEATH (Ch. 10 5 Residence SURY AT JRK7 YES 2 NO	Part I. 6 Other 28d. DES:	24a. WAS AN A PERFORM 1 VES 2 0) (Specify) CRIBE HOW IN. VION (Street and or Town, State)	JURY OCCUR	24b. WEI AMA COIL OF 1	RE AUTOPSY FINIL ABLE PRIOR 1 MPLETION OF CU DEATH? YES 2 N	tween Death Double State of the state of th
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reautiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated enter injury that inj	SUDDEN INE DUE TO (OR AS. DUE	Petiant 3 DOA 28b. TIM Y — At home, farm, avoiding, death occurrence.	PH SYNDRO F): In the underlyin 26. Pi OTHER: 4 Nursing Hore E OF 28c. IN. URY M 1 Interest 1	g cause given in LACE OF DEATH (Ch. 10 5 Residence SURY AT JRK7 YES 2 NO	Part I. 6 Other 28d. DE\$ 28f. LOCAL City of	24a. WAS AN A PERFORM 1 VES 2 (Specify) CRIBE HOW IN. ATION (Street and Flavor, State) se(a) and mann and place, and	JURY OCCUR In No In the case of the case	24b. WEI AMA COLO OF 1 COL	Interval Ba Onaet and Onaet and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CO DEATH? YES 2 N Number,	tween Death Double State of the state of th
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural STREET Netural Netural STREET Netur	SUDDEN INE DUE TO (OR AS. DUE	Petiant 3 DOA 28b. TIM Y — At home, farm, avoiding, death occurrence.	PH SYNDRO F): In the underlyin 26. Pi OTHER: 4 Nursing Hore E OF 28c. IN. URY M 1 Interest 1	g cause given in LACE OF DEATH (Ch 10 5 Realdence 10RY AT 10RY 2 2 NO 10 and place, and due 29c. LICENSE NUR	Part I. 6 Other 28d. DES: 26f. LOCA City of	24a. WAS AN A PERFORM 1 VES 2 (Specify) CRIBE HOW IN. ATION (Street and Flavor, State) se(a) and mann and place, and	JURY OCCUR Id Number or F ter sa stated, dus to the ca	24b. WEI AMA COLO OF 1 COL	Interval Ba Onaet and Onaet and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CL DEATH? YES 2 N Number, Inth. Day, Year)	Death Death Dings Nuse O
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF DEATH 1 Netural STORMANNER OF DEATH 29 Accident STORMANNER OF DEATH 29 CETTIFIER Check only ONE DICAL EXAMINER:	SUDDEN INF DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTributing to death to the text of the	PANT DEAT A CONSEQUENCE OF A CONSEQUENCE	26. Pi The syndrom 26. Pi T	g cause given in LACE OF DEATH (Ch e 5 Realdence JURY AT YES 2 NO e and place, and due leath occured at the	Part I. 6 Other 28d. DES: 26f. LOCA City of	24a. WAS AN A PERFORM 1 VES 2 (Specify) CRIBE HOW IN. ATION (Street and Flavor, State) se(a) and mann and place, and	JURY OCCUR In No In the cast stated, due to the cast	24b. WEI AMA COLO OF 1 COL	Interval Ba Onaet and Onaet and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CO DEATH? YES 2 N Number,	Death Death Doublest Street
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural STREET Netural Netural STREET Netur	SUDDEN INF DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTributing to death to the text of the	PANT DEAT A CONSEQUENCE OF A CONSEQUENCE	Print) PH SYNDRO 26. Pi 26. Pi 26. Pi 26. IN. W 1 URY M Stread, factory, office od at the time, data n, in my opinion, c	g cause given in LACE OF DEATH (Ch 10 5 Realdence 10RY AT 10RY 2 2 NO 10 and place, and due 29c. LICENSE NUR	Part I. 6 Other 28d. DES: 26f. LOCAL City of to the ceuritime, deta	24a. WAS AN A PERFORA 1 VES 2 1 (Specify) CRIBE HOW IN. VION (Street and Vown, State)	JURY OCCUR OF SE STATE OF SE	24b. WEI AMA COLO OF 1 COL	Interval Ba Onaet and Onaet and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CL DEATH? YES 2 N Number, I 9 9	Death Death Doubles

OHMH-16 Rev 1/89

	ì
Ö,	
7	7
89	
×	
ပ္က	4.0
	200
O.	
۵.	4
S	1
분	4
$\overline{\circ}$	
\circ	
2	ì
_	
₹	-
=	
1	-
0	1
Z	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760	-
2	-
≥	
0	- 1

1	-	FOR STATE REGISTR	AR
Г	1. D	ECEDENT'S	NAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91	24	72	2
			_

REGISTRAR		CERTIFIC	CATE OF DE	ATH	RE	G. NO.		- 116
1. DECEDENT'S NAME (First, Middle, Last,)				2. DATE OF DI	EATH DAY	YEAR 3.	TIME OF DEATH
BENJAM	IN H. JACK	SON		100	AUG.		991	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE			NDER 24 HRS.	7. DATE OF BI (Month, Day,		6. BIRTHPLA Country)	ACE (State or Foreign
225-28-6421	1 💢 M 2 🗆 F	71 YRS.	NONTHS DAYS HOU		lar. 4		Mar	yland
9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN OR LO	CATION OF OR	ATH	9c. COUN	NTY OF CEAT	TH .
219 Ashley Ave	nuo		Rockvi	110		MON	NTGOM	IERY
RESIDENCE OF DECEDENT	nue		NOCK VI	.116		1701	VI GOL	111/1
10s. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION				10	d. INSIDE CITY
Maryland M	ontgomery	l R	ockville	<u>.</u>				LIMITS?
10e. STREET AND NUMBER	01109011012		101, ZIP			10a CITI		T COUNTRY?
070 7 17 7-				2005	^	,		
219 Ashley Ave	12. WAS DECEDENT EVER			2085			USA	
1 Never Married 2 Married	FORCES? 1 YES		13. WAS DECENDE		NIC ORIGIN7 (Sp In, Puerto Rican,		14. RACE — Black, V	American Indian, Vhite, atc.
3 ⊠ Widowed 4 □ Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 YES 2 🕽	NO Specif	y:		Specify:	Black
	<u> </u>		<u> </u>			I		·······
15. DECEDENT'S ED (Specify only highest grad		16a. OECEDENT'S U	SUAL OCCUPATION ork done during most of v retired.)	vorking	16b. KINE	OF BUSINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)							
3rd		Chau	ffeur					
17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NA	ME (First, Middle	, Melden Surname)		
Harrison Jack	son			Moze.	ll Rob	oinson		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Nu	mber or Rural	Route Number, Ci	ity or Town, State, Zip	Code)	
Benjamin E. Ja	akaon (aon	1 11440	Applegi	ath 1	May C	ermant	own.	MD 2087
20e. METHOD OF DISPOSITION		Ob. PLACE AND DATE						
1 Suriei 2 Cremetion 3 Re					DATE	20c. LOCATION -		
4 Donation 6 Other (Specify)		ohn WesI				Clarks	ourg,	, MD
21. SIGNATURE OF FUNERAL SERVICE	IGENSES /	1	22. NAME AND AD	DRESS OF FA	CILITY	HOME,	DA	
1000 N84 K	1hom	de	ROCKVI				11.	
MATTER	11001	Juli						
23. PART I. Enter the diseases, or ahock, or heart failure	r complications that cause on	ed the death. Do no	ot antar the mode o	f dying, suc	h aa cardlac	or reapiretory an	reat,	Approximate interval Between
IMMEDIATE CAUSE (Final			astrica	ance	r			Opset and Daal
disease or condition	Motast	static 6	Anc (c.	MERV	-			Opset and Daar
resulting in death)		A CONSEQUENCE OF						
Sequentially list conditiona,	bDUE TO (OR AS	A CONSEQUENCE OF	1:					+
if any, leading to immediate cause. Enter UNDERLYING			,					İ
CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE OF	<u> </u>					
that initiated events reaulting in death) LAST	DUL TO (ON AS	A CONSEQUENCE OF	10					İ
	d							1
PART II. Other aignificant condition	one contributing to death	but not resulting in	the underlying car	se alven in	Part I. 24a	. WAS AN AUTOPSY	24b W	ERE AUTOPSY FINDING
				g		PERFORMED?	A	WAILABLE PRIOR TO
					10	YES 2 NO		OMPLETION OF CAUSE F DEATH?
					-		1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1		26. PLACE	OF DEATH (C/	neck only one)	-		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER: 4 Nursing Home 5	- Booldsoon	4		34.7	
27. MANNER OF DEATH	26a. DATE OF INJUR					E HOW INJURY OC	CUBED	
1 Natural 6 Pending	(Month, Day, Year)	INJU	JRY WORK?		Zed. DESCRIE	E NOW INJURY OC	CORED	
2 Accident Investigation			M 1 TYES	2 NO				
3 Suicide 6 Could not b	building, etc. (St	RY — At home, farm, st pecify)	reet, factory, office		26f. LOCATION	N (Street and Number wn, State)	r or Rural Rou	ite Number,
4 Homicide datermined								
290. CERTIFIER	YSICIAN: To the best of my kno	muladas death sasures	d at the time date and	day and di	o to the severtel			
anel and								
2 MEDICAL EXAMI	NER: On the basis of examinat	tion and/or investigation	n, in my opinion, death	occured at the	time, data and	place, and due to ti	te cause(a) s	ind manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	IER M		290	LICENSE NU	MBER	29d. DAT	E SIONED (A	fonth, Day, Year)
- In fuch	18 Bun	MO	1	1227	75	•	8-22	29/
30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE OF							-/
				Pot	harda	MD		
Dr.Fred Barr			PIL AV. 6	, bet	nesua	, PID		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE	00					
AUG 23 '91	guna Do	widson-Randa						



	1 - STATE REGISTRAR	SIAIE UF N					HEALTH DEAT		MENTAL HYGIENI REG. NO.		,	Gra Tr. F. Gra La
	1. DECEDENT'S NAME (First, Middle, Last)	E,			10.				2. DATE OF DEATH MONTH DA	AY	YEAR	3. TIME OF DEATH
	MADELYN 4. SOCIAL SECURITY NUMBER	5. SEX	JACOP				1		August 17,		1	8:16 PM M
	577-44-3334	1 M 2 F	6. AGE (In yrs. last	t birthday) YRS.	MONTHS	DAYS	HOURS	MIH.	7. DATE OF BIRTH (Month, Day, Year) Q/22/33		6. BIRTHI Country	**
	9a. FACILITY NAME (If not institution, give at				9b. CIT	Y, TOWN	OR LOCATIO	ION OF DI	9/22/33 EATH	ec. COU	INTY OF DE	New York
OR	Suburban Hospita	.1				ethes			/	100	ontgo	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CI	TY, TOWN (T. C.	
	Maryland Mont	gomery	/		ockvi		ION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER				/CK!_		f. ZIP CODE	E		10g. CIT		YHAT COUNTRY?
FUNERAL	10500 Rockville P						20852				ted	States
BY	11. MARITAL STATUS 1 A Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W			- 1 2	If yes, spe	CENDENT O pecify Cuba S 2 12 NO	en, Maxicar	NIC ORIGIN? (Specify Yea an, Puarto Rican, atc.) fy:		14. RACE	— American Indian, , White, atc.
回	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DEC	EDENT'S	S USUAL O	CCUPATIC	ON met of world	22	16b. KIND OF BUS	SINESS/IND	DUSTRY	Wille
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	+)			Little in Tay	ost of workin	9				
OME	17. FATHER'S NAME (First, Middle, Last)	4	lead	cher	:		Le MOT	TO NA	Public		001	System
BE CC	Samuel Jacobs					,	-		ME (First, Middle, Maiden S Morrell J	,		
10 B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	D ADDRES	S (Street a	and Number	or Rural F	Route Number, City or Town	n, State, Zip	S Code)	
-	Anne I. Jacobs	(mother)) 10	0500	Roc	kvil	lle P		#525, Rocky			. 20852
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Creg atton 3 Remon 4 Donation 5 Atter (Specify)	oval from State	20b. PLACE AN	NDDATE	OF DISPOS	SITION (Na	eme of		DATE 20c. LOC	CATION — C	City or Tow	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Kink i	Javr	22.	NAME AN	ND ADDRES	SS OF FAC				
	> Jary 7	m. M	h.		D	anza	nsky-	-Go1	dberg Memo	rial	Char	pels, Inc.
	23. PART I. Enter the diseases, or co	omplications the	it caused the dee	eth. Do r	not enter	the mo	ROCK	VIII	e Pike, Ro	ckvi.	11e,	MD.20852
	shock, or heart fatture. L IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	let only one cour	ase bu eech line.) - Honey		0001	Interval Batween Onset and Death
_	DUE TO (OR AS A CONSEQUENCE OF):										Miller	
NO.	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									IIIWWD		
CAT	CAUSE (Disease or injury c.				SANC	MAIC	- (3116	enst-			Hours
CERTIFICATION	that initiated evente resulting in deeth) LAST	DUE TO ((OR AS A CONSEQU	JENCE OF	F):		-	-				
- 10	d.	•										
- 10	PART II. Other algnificant conditions	contributing to	death but not res	sulting i	In the un	iderlying	ceuse g	iven in F	Part I. 24e. WAS AN A PERFORM			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL											(COMPLETION OF CAUSE OF DEATH?
Σ									_	1		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DI	EATH (Che	eck only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	R:			6 C Other (Specify)			
표	27. MANNER OF DEATH	26a. DATE OF I (Month, Da	INJURY	26b. TIME		28c. INJU WOR	URY AT		28d. DESCRIBE HOW IN.	JURY OCC	URED	
BY	1 Accident 5 Pending Investigation				М	1 🗌 YI	rES 2	NO				
	3 Suicide 6 Could not be determined	bullioning, a	F INJURY — At home atc. (Specify)				-		261. LOCATION (Street an City or Town, State)			ute Number,
COMPLETED	2 MEDICAL EXAMINER:	R: On the basis of ax	my knowledge, death	h occurre	ed at the ti	me, data i	and place, eath occur	and dua t	to the cause(a) and mann time, data and pieca, and	ter as state	e cause(a)	and mannar as stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	~ ~						NSE NUME	BER	29d, DATE	SIGNED P	Month, Day, Year)
o L	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	TO DEATH ATEM	- Ci-			D15	5236		▶ 0	18/0	4
	11125 ROCKVILLE	PIKE &	PORU	27) (NOC.		OP	201	857				
	AUG 21 '91	guia Da	LY COCK - PORT	dec.	6						·	



BALTIMORE, MARYLAND 21218-0020

Or Mayle, M.E. releases for Naryle troign

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MADELYN L. TROOPS

director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detache al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 2-y vours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIE		91	24723
1. DECEDENT'S NAME (FIRST There	1.	Theresa Vi					DAY 27	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUM 213-74-1754		5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) NOV . 1.5 ,	1902		ACE (State or Foreign yland
Prederick	Memori	eet and number)			on Location of derick	DEATN	100	reder	
Frederick RESIDENCE OF DE 10a. STATE Maryland	10b. COUNTY	erick	10c. Cf	TY, TOWN OR LOC Frederi				1.7	0d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 48 10 Old 11. MARITAL STATUS		ng Pool Road			01. ZIP CODE 2170	2		IS.A	AT COUNTRY?
3 X Widowed 4 Div		12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, OIVE WAR OR C	2 NO	If yes, a		ANIC ORIGIN? (Specify tean, Puerto Rican, etc.)	Yea or No—	Specify:	- American Indian, White, atc.
	CEDENT'S EDUC. hly highest grade of (0-12)		16e. DECEDENT' (Give kind of life. Do NOT	s usual occupat f work done during r use retired.) Homemak	nost of working	16b. KINO OF E		JSTRY	
17. FATHER'S NAME (First, I	Middle, Last)	Trail				a M. Andre	Trans.		
19s. INFORMANT'S NAME: Mrs. Judit		olfe	100000000000000000000000000000000000000			ton Rd., F			Md. 21702
20a METHOD OF DISPOSIT Burlal 2 Cremati 4 Donation 5 Other		val from Stata	other place)	de	emetery, cremetory o	100	cocation — c		
21. SIGNATURE OF FUNER	AL SERVICE LICE	1.1	M00255	1	-	Basford P.			
	heart fellure. L	omplications that cause on class only one cause on class on the cause on class on the cause of the cause of t			node of dyling, su	ich aa cardiac or rei	apiratory arm	eat,	Approximate Interval Between Onset and Death
Sequentially list conditions, leading to immonses. Enter UNDERLY CAUSE (Disease or lith that initiated events resulting in death) LA	ediata YING Jury c	DUE TO (OR AS		Phe	umon.	19		_	Zweek
PART II. Other algnific	ent conditions	s contributing to death	but not resulting	11	- /	PERF	AN AUTOPSY FORMED?	1 8	WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	TO MEDICAL	HOSPITAL:		OTHER:	PLACE OF DEATN (
	Pending	1 ETinpetlant 2 ☐ ER/Out 26a. DATE OF INJURY (Month, Day, Year)	26b. T	ME OF 28c. I	ome 5 Raeldenc NJURY AT VORK? YES 2 NO	e 6 Other (Specify) 28d. OEŞCRIBE NO	W INJURY OCC	URED	
2 Accident 3 Suicide 6 Homicide	Could not be datarmined	26a. PLACE OF INJUR building, etc. (Spi	Y — At home, farm			261. LOCATION (Stree City or Town, Str	et and Number ate)	or Rural Ro	ute Number,
2001		CIAN: To the best of my known. R: On the basis of examinati							end menner as stated.
296. SIGNATURE AND TITE	LE OF CERTIFIER	Short	tet.	MD	29c. LICENSE N	5/83	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS	OF PERSON WHE	COMPLETED CAUSE OF D	EATH (ITEM 27) (7)	on, Print) W9t.	h St	Freder	ict.	m	D

. . . .

STATE OF THE STATE

1,125) I pure

PTER AND AND SERVICE OF THE PART OF THE SERVICE OF and the contract of the contra

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	ial-fr	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	F	par	
	ding	s the	
	aften	36	
	ŏ	or us	
	pital	ed fe	
	hos	lach	
i	the	de	
	d by	Q P	
	aine	Shou	
	9	6.5	
	ay b	pag	
	E 9	ctor,	
	age	direc	
	A.	era	
	deat	fun	
	fter	/ the	00/2
	JIS 3	in b	ren
	hoe	Pel	1, 0
	n 24	h fi	ation
•	with	piete	crem
	ted	COL	ial, o
	xecu	and	P
	De e	lan	07 70
	ate	NySic	bu
	rific	ld bi	iene
	h ce	andir	¥
	deat	atte	enta
	the	/ the	∑ o
	that	5	h an
	ires	Signé	lealt
	redu	Hee :	00
	AND	S D	ept.
	The	te h	ite D
	AN:	ifica	St
	SICI	Cen	100
	PHY	this	Wil
	ING	After	leath
	ENO	H.	ter d
	AT	E	is af
	O.	O.B.	hour
	MA	RAL	2
	OSP	ONE	ithin
	무 무	中	× 06
	± 0	0.1	e file
	-	F	ک

1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, Last) 1. DECEDENTS NAME (First, Middle, M	S. NO. STH DAY YEAR 26 1791 6:32 N S. BIRTHPLACE (State or Foreign Maryland S. COUNTY OF DEATH HAR FOR 1 10d. INSIDE CITY LIMITS? 1 YES 25 NO 10g. CITIZEN OF WHAT COUNTRY? USA	PEG. N THE Kral 2. DATE OF DEATH DUG. EAR FUNDER 24 HRS. AYS HOURS MIN. TOWN OR LOCATION OF DEATH COCATION TO THE COCATION THE COCATI	CERTIFIC Albert William K 6. AGE (In yrs. lest birthdey) 83 YRS. I number) Ovi al Hospital	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 218-32-0714 5. SEX 1 M M 9a. FACILITY NAME (If not institution, give street and n HAR FOR J MEM 2	
4. SOCIAL SECURITY NUMBER 218-32-0714 15	DAY YEAR 26 1991 6:32 No. 1991 9:00 S. BIRTHPLACE (State or Foreign Country). MATYLAND. 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 25 NO. 10g. CITIZEN OF WHAT COUNTRY? USA 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, While, etc. Specify:	EAR IF UNDER 24 HRS. AYB HOURS MIN. TO DATE OF BIRTH (Month, Day, Year) Feb. 1,1 TWN OR LOCATION OF DEATH ACCOUNTY COCATION TO TO TO TO TO TO TO TO TO	HIBER ARE (In yrs. last birthday) 83	4. SOCIAL SECURITY NUMBER 218-32-0714 9a. FACILITY NAME (If not institution, give street and n HAR FOR J MEM 2	
4. SOCIAL SECURITY NUMBER 218—32—0714 18 M 2 F	S. BIRTHPLACE (State or Foreign Country) MATYLAND 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 20 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify:	EAR FUNDER 24 HRS. 7. DATE OF BIRTH (Month, Day Year) FED a 1,1 WAYN OR LOCATION OF DEATH RE CRACE OCCATION	M2□F 83 VRS. M (number) Orial Hospital	218-32-0714 18 M 98. FACILITY NAME (If not institution, give street and in HARFORD MEMORY	
The stock of decempts and the stock of the s	10d. INSIDE CITY LIMITS? 1 YES 35 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, While, etc. Specify:	RE de GRACE OCATION D	orial Hospital	HARFORD Memo	1 _ 1
106. STREET AND NUMBER 822 Aldino—Stepney Road 11. MARITAL STATUS 12. WAS DECENDENT VER IN U.S. ARMED PROPORCES 7 IN U.S. A	16g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify:	n	toc. CITY,	RESIDENCE OF DECEDENT	P P
Securities Sec	10g. CITIZEN OF WHAT COUNTRY? USA Ty Yee or No— 14. RACE — American Indian, Black, White, etc. Specify:	10f. ZIP COOE	rd Abe	10a. STATE 10b. COUNTY	DIREC
Securities Sec	c.) Black, White, etc. Specify:	21001	Road		ERAL
18. DECEDENT'S EQUEATION 18. DECEDENT 18. DECEDENT'S EQUEATION 18. DECEDENT 18.		s, specify Cuben, Maxican, Puerto Ricen, atc.)	RCES? 1 YES 2 NO	1 Never Married 2 Married FOR	B
Plumber - Farmer Plumber - F	F BUSINESS/INDUSTRY	PATION 16b, KIND OF B	16a. DECEOENT'S US	15. DECEDENT'S EQUICATION (Specify only highest grade completed	W
198. INFORMANT'S NAME (Type/Print) 199. MARY M. Davis 20a. METHOD OF OISPOSITION 1 Skewlet 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or 1010 Carsins Run Road, Abender Cametery, crematory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III. 13.17 Cokesbury Road, I. 13.17 Cok	nbing / Agriculture	Diami	ge (1-4 or 5 +) He. Do NOT use (Elementary/Secondary (0-12) College	MPLE
1 Resulted 2 Cremetion 3 Removal from State 1 Resulted 2 Cremetion 3 Removal from State 2 Commetery, Cremetory of other place) 2 Signature of Funeral Service Licensee 2 Name and address of Facility 2 Howard K. McComas III. 2 Removal from State 2 Name and Address of Facility 2 Howard K. McComas III. 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 1 Name District State 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 1 Name District 2 Name And Address of Facility 1 Name District 2 Name And Address of Facility 1 Name District	Sevcik			John Kral	THE 107
1 Resulted 2 Cremetion 3 Removal from State 1 Resulted 2 Cremetion 3 Removal from State 2 Commetery, Cremetory of other place) 2 Signature of Funeral Service Licensee 2 Name and address of Facility 2 Howard K. McComas III. 2 Removal from State 2 Name and Address of Facility 2 Howard K. McComas III. 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 1 Name District State 2 Name and Address of Facility 2 Name and Address of Facility 2 Name and Address of Facility 1 Name District 2 Name And Address of Facility 1 Name District 2 Name And Address of Facility 1 Name District				Mary M. Davis	2
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Oc. LOCATION — City or Town, Stata	N (Name of OATE 20c. L	m State 20b. PLACE AND DATE OF cemetery, crematory or other	1 Burlet 2 Cremetion 3 Removal from	150
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Churchville, Md.		Calvary U.		- E
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Abingdon Md 21009	ard K. McComas III	Concetti	Haward K Me	ехаш
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	reepiretory errest, Approximate Interval Between	mode of dying, such es cardlec or ree	ly one ceuse on each line.	IMMEDIATE CAUSE (Fine)	vent, the medic
d	Sugari			Sequentially list conditions, if any, leading to immediate	
	A.		DUE TO (OR AS A CONSEQUENCE OF):	CAUSE (Disesse or Injury that initiated events	5 K
PART II. Other eignificent conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS. PERF	LS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		Ibuting to deeth but not recuiting in	PART II. Other eignificent conditions contrib	CAL C
Tempheral art. Insufficiency.	COMPLETION OF CAUSE OF DEATH? 1 YES 2 THO	t 🗆 YES	· Insufficiency	Penpheral art.	shows a
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DÉATH 286. DATE OF INJURY (Month), Day, Viser) (Month), Day, Viser)		6. PLACE OF OEATH (Check only one)			AN I
EXAMINER? HOSPITAL: Topatiant Continue only one	3			nuspi	SIC
27. MANNER OF DÉATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 28d. DESCRIBE HOV	7	INJURY AT 28d. DESCRIBE HOW	e. DATE OF INJURY 26b. TIME O	~	E 2
E C 2 Accident Investigation M 1 YES 2 NO	OW INJURY OCCURED	T MEG. A T MA		2 Accident Investigation	
to a Stillide				- Could not be	<u></u> □
ee U 4 Homicide determined building, etc. (Specify) City or Town, Ste	treet and Number or Rural Route Number.		building, etc. (Specify)		
City or Town, Sts	treet and Number or Rural Route Number, State) d menner ee stated.	office 2ef. LOCATION (Street City or Town, State data and place, end due to the cause(s) end mu	the best of my knowledge, death occurred a	29a. CERTIFIER (Check only	
4 Homicide detarmined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end in the course of the course of the time, date and place, end due to the cause(a) end in the course of the time, date and place, end due to the cause(a) end in the course of the time, date and place, end due to the cause(a) end in the course of the time, date and place, end due to the cause(a) end in the course of the time, date and place, end due to the cause(a) end in the course of the time, date and place, end due to the cause(a) end in the cause (a) end in the cause (a) end in the cause (b) end in the cause (b) end in the cause (b) end in the cause (c) end in	treet and Number or Rural Route Number, State) d menner es atated. ce, end dus to the cause(s) and menner es stated. 29d. DATE SIGNEO (Month, Day, Veer)	office 2ef. LOCATION (Street City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, deat and place, end due to the cause(s) end min on, death occurred at the time, date end place, end 29c. LICENSE NUMBER	the best of my knowledge, death occurred as basis of examination end/or investigation, is a D. PAREKH MD.	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the (Check only one) 2 MEDICAL EXAMINER: On the (Check only one)	D BE COMPLE
City or Town, Sts	treet and Number or Rural Route Number, State) d menner es stated. se, end due to the cause(s) and menner es stated, 29d. DATE SIGNEO (Month, Day, Yeer) 8-27-9/	deta and place, end due to the cause(s) end minor, death occurred at the time, date end place, end place, end place, end place, end place, end place, end place, end place, end place, end place, end place, end place, end	the best of my knowledge, death occurred as basis of examination end/or investigation, is 3. D. PAREKH MD., LETED CAUSE OF DEATH (ITEM 27) (Type, Prince of the control o	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the 12 MEDICAL EXAMINER: On the 12 MEDICAL EXAMINER: On the 13 MEDICAL EXAMINER: ON THE 13 MEDICAL EXAMINER: ON TH	TO BE COMPLE

1. DECEDENT'S NAME (First, Middle, List) Linda P. Keene 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Inst birthday) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. STATE 10	91 0955 aN 8. BIRTHPLACE (State or Foreign Country) 95 O and . Md . 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Inst birthdey) 1	8. BIRTHPLACE (State or Foreign Country) 9.5. OLAND. Md. 9.c. COUNTY OF DEATH DOLCALST 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?
98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH ONLY OF DECEDENT 106. STATE 106. STREET AND NUMBER 106. STREET AND NUMBER 107. STREET AND NUMBER 107. STREET AND NUMBER 108. STREET AND NUMBER 109. STREET AND NUMBER 101. ZIP CODE 2 1 4 3	9. COUNTY OF DEATH Dorchester 10d. INSIDE CITY LIMITS? 1 U YES 2 UNO 10g. CITIZEN OF WHAT COUNTRY? OF NO. 14. RACE — American Indian.
RESIDENCE OF DECEDENT 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 101. ZIP CODE 216. 43	10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?
THE TOTAL COUNTY HUNGACK 100. STREET AND NUMBER 101. ZIP CODE 21643	LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? OF NO 14. RACE - American Indian.
THE TOTAL COUNTY HUNGACK 100. STREET AND NUMBER 101. ZIP CODE 21643	10g. CITIZEN OF WHAT COUNTRY?
± ± 15 12 12 12 12 12 12 12 12 12 12 12 12 12	or No. 14. RACE – American Indian.
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year of Forces? 1 Yes 2 NO If yes, specify Cuben, Mexican, Puerto Rican, stc.) 14. Never Married 2 Married 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify? Year of Forces? 1 Yes 2 NO If yes, specify Cuben, Mexican, Puerto Rican, stc.)	or No— 14. RACE — American Indian, Black, White, etc.
	Spacky: /
3 Wildowed 4 Divorced 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSI	INESS/INDUSTRY
Elementery/Secondary (0-12) College (1-4 or 5 +) life Od NOT (I see retired.)	A
Tact See of the part of the p	Suppare)
I E B TO III I A MALLY I MALL	y ohns
The state of the s	2000
20b. PLACE OF DISPOSITION (Name of cometory, cremefary or 10 Burlet 2 Cremetary 3 Removal from State 2 Only Place)	ATION - City or Town, Sista
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	vacasi week, m
	which, md
shock, or heart fallure. List only one cause on each line.	Approximate Interval Between Onset and Death
disease or condition He Datis	
reaulting in death) Soup to log as a consequence of: Soup to log as a consequence of: Due to (or as a consequence of:	
S 2 5 5 K C Gales Finds VINDE Renal AtaiAstre	
CAUSE (Disease or injury that initiated events resulting in death) LAST	
reaulting in death) LAST On the significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PERFORM	
PERFORM	MED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
A Kee in the state of the state	1 _ YES 2 _ NO
Z S WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO WAS CASE REFERRED TO WAS CASE REFERRED TO WAS CASE REFERRED TO WAS CASE REFERRED TO WAS CASE REFERRED TO WAS CASE REFERRED TO WAS CASE REFER	
EXAMINER? Description Continue Contin	MILIBY OCCURED
5 差 差 专	
288. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 288. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	and Number or Rural Route Number,
	ner sa stated.
WO One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end pieca, end of the basis of axamination and/or investigation.	
	29d. DATE SIGNED (Month, Day, Year) 8/27/8/
30. NAME AND/ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr., Faddeny 302 Collidge St., Hyrlockya, MD. 216434 3	,
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Fulia Davidson-Andrea	

Barrer 118

000 64/67/1933 0019547

24726180

STATE OF MARYLAND / DEPARTMENT OF HEALTH

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)		7:00			2. DATE OF DEATH		3. TIME OF DEATH		
	EUN Jang		KIM E (In yrs. last birthday)	IF UNDER 1 YEAR		08 / 26		11:20 PM		
		6. AG	C	IRTHPLACE (State or Foreign ountry)						
1	9a. FACILITY NAME (If not institution, give street		8 YRS.	AL OUTH TOWN	OR LOCATION OF I	04/07/33		orea		
H					9c. COUNTY	OF DEATH				
CLC	RESIDENCE OF DECEDENT							MORE		
FUNERAL DIRECTOR	MD Baltimo	The Ca.	10c. CITY	, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
10	10e. STREET AND NUMBER		144	1 40	1. ZIP CODE	s Mills		1 YES 2 T NO		
ERA	604 Hammershire Ro	1		10	21117		USA	OF WHAT COUNTRY?		
S	11. MARITAL STATUS 1	2 WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		ANIC ORIGIN? (Specify Y		RACE — American Indian,		
ВУ Е	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	DATES 2 X NO	If yes, sp	ecify Cuban, Maxic	an, Puarto Rican, etc.)		Black, White, etc.		
	15. DECEDENT'S EDUCAT	TION	Les DECCOCUTIO				1	orean		
ETE	(Specify only highest grade coil	mpleted) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during mo retired.)	ost of working	16b. KIND OF B	USINESS/INDUSTF	TY .		
APL	12	sollege (1-4 or 5 +)	Sheet Me	etal wor	ker - Bi	ethlehem s	teel			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)			
BE	Dong Sun Kim					oon Park				
5	19a. INFORMANT'S NAME (Type/Print) Seon Hui Kim		I			Route Number, City or To				
	20a. METHOD OF DISPOSITION	T.				. Owings M				
	XIX Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I from State	ob. PLACE AND DATE O emetery, cremetory or oth Crest Lau	ner place		8/29/91	OCATION — City of			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	Crest Eur		ND ADDRESS OF F			sterstown Rd		
	Kam B &	· Suit		FPina	Tunata					
	23. PART I. Enter the diseases, or con	nplications that caus	ed the death. Do n	ot enter the mo	de of dving. su	e Home Re	ustersti	OWN, MD 21136		
	shock, or haart fallure. Lis IMMEDIATE CAUSE (Final	t only one cause on	each line.			o aa cardiid of 103	piratory arrest,	Interval Batween Onset and Death		
7	disease or condition resulting in death)									
			2mv - 2yrs.							
8	Sequentially list conditions, b.	DUE TO (OR AS	V			3 days				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	O a A	CONSEQUENCE OF	5				210		
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	:				3days		
ERT	resulting in death) LAST	La	er fail	we_				3 days		
	PART II. Other significant conditions of	ontributing to death	but not resulting in	the underlying	a cause given in	Part I. 24a. WAS A	NAUTORSY	24b. WERE AUTOPSY FINDINGS		
ICAL					g cause given ii	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI						FS	2 0 NO	OF DEATH?		
ä						_		T TES Z MO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (C	heck only one)				
IXSI	1 YES 2 NO 1	Inpetient 2 - ER/Ou	itpetient 3 DOA		e 5 🗆 Rasidenca	8 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)		RY WO	RK?	28d. DEŞCRIBE HOW	INJURY OCCURED)		
B	2 Accident Investigation 3 Suicide 8 Could age be	28a. PLACE OF INJUI	RY — At home, farm, at		YES 2 NO	201 LOCATION (Comm				
밀	4 Homicide 8 Could not be	building, etc. (Sp	ecity)	est, motory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER CERTIFYING PHYSICIAL	N: To the best of my kno	wiedga, death occurre	et the time, deta	and place, and du	to the source(s) and m				
S S	one) 2 MEDICAL EXAMINER: (On the basis of examinet	on and/or investigation	, in my opinion, d	eath occured at the	time, deta and place, a	nd due to the cau	se(s) and manner as stated,		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			NED (Month, Day, Year)		
O BE	Parting Lee		230	73	► R/2	6/91				
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	1.		40	-(0)		
	Tathy Lee Joh		of Hupite	y B	althor	re MD				
	AUG 28 '91	Julia Day	don-Andale	•		1				

100

3 3

*

advit y a "A

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				MENTA	L HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	RUSE						2		1931		
4. SOCIAL SECURITY NUMBER	(Month Day Year)								Count		
217-28-0489	1 🗆 M 2 🔀 F	60 YRS.				_06	12			NSYLVANIA	
99. FACILITY NAME (II not institution, give s SACRED HEART HO! FESIDENCE OF DECEDENT 100. STATE 10b. COUNT PA BE			9b. CITY,		R LOCATION OF DE	АТН		100.000	LEGA	275	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Υ	10c. CI	Y, TOWN O	R LOCAT	ION	_				10d. INSIDE CITY	
PA BE	DFORD	BU	JFFA	LO I	MILLS					LIMITS?	
				101	ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?	
R D 1, BOX 24	4-B				15534			U	SA		
10e. STREET AND NUMBER R D 1, BOX 24 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2 NO						i? (Specify Ye Ricen, etc.)	e or No—	Spec	E — American Indian, ik, White, etc.	
15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S	USUAL OC	CUPATIO	ON et of working	16b	. KIND OF BU	SINESS/INC	OUSTRY	· · · · · · · · · · · · · · · · · · ·	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT L	ise retired.)		or or working						
1.0 17. FATHER'S NAME (First, Middle, Last)		HOME	EMAK	ER_							
17. FATHER'S NAME (First, Middle, Last)	Dun Ta				16. MOTHER'S NA						
EDGAR BLAIR L	EYDIG	and a baseline			HULDA						
196. INFORMANT'S NAME (Type/Pfint)	CD				nd Number or Rural						
WERNER M. KRU							_			PA 15534	
20b. PLACE AND DATE OF DISPOSITION (Name of community of											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								PA		
· hauers 2	accel/				VEY H. OMAN, P					HOME	
immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death) a. Carcinema of Luns, refailthic to leane & Luni 3 years DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	u										
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ns contributing to death	but not resulting	in the ur	nderlyin	g ceuse given in	Part I.	24a. WAS AI PERFO 1 TYES	RMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO	
25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEATH (C)	neck only o	ne)				
1 TYES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHE		ne 5 🗆 Residence	8 🗆 Oth	er (Specify)				
27. MANNER OF DEATH 1 Nitural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		JURY	W	IURY AT DRK?	28d. DE	SCRIBE HOW	INJURY OC	CURED		
2 Accident Investigation			М		YES 2 NO						
	28e. PLACE OF INJUF building, etc. (Sp		street, fac	tory, offic	•	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				Route Number,	
TOTAL DINY	SICIAN: To the best of my kno ER: On the beele of examinat									(a) end manner es stated.	
	THOMAS	J. DEV	T, TN	МТ	29c, LICENSE NU		2. 34	29d. DA	TE SIGNE	D (Month, Day, Year)	
01102	100	, 0 . DEV		LILL	121	148	8	•	8-	21-91	
30. NAME AND ADDRESS OF PERSON W	St Long	corin		1 2	1534						
"AUG" 2" 1991" 4	A SE REGISTRATE SIG	WAXURE							-		

permit, Pages 1, 2, 3 should

use as the burial-transit

filled in by the funeral director, page 5 should be detached for a on, or removal.

Ħ

notified

must be

examiner

the medical

event,

traumatic

TO THE FUNCHAR CHECKLE After this certificate has been signed by the attending physician be filed within 72 must after cent, with the State Dept. of Health and Mental Hygiene prior to IMPORTANT. If term 28 is marked, or Item 23 shows any Injury, or other traum

HOSE

표분

223

PHYSICIAN:

BY

COMPLETED

BE

2

n and completely filled in to burial, cremation, or

NOTES PHYSICIAN: The law requires that the death certificate be executed within NOISINI OF THE

91 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH DAY YEAR William Aubrev Kronk 08 31 991 0245 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 8. SEX 6. AGE (In yrs. lest birthday) 7, DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 1X M 2 - F 89 YRS. 705-10-2817 11/29/1901 Sandy Hook, MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY Maryland Frederick 1 X YES 2 | NO Brunswick FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 1100 Peach Orchard Lane 21716 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. if yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY White 3 XWidowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KING OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Car Foreman 10 B&O RR 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) William Warwick Kronk Mary Elisabeth Winks 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 13325 Wolfsville Rd. Aubrey E. Kronk Smithsburg. MD 21783 20a. METHOD OF DISPOSITION

1 Carriel 2 Cremation 3 Ran

4 Donation 5 Other (Specify) 20b. PLACE ANO OATE OF DISPOSITION (Name OATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place) Resthaven Memorial Gardens Frederick, MD 21. SIGNATURE OF FUNESIAL SERVICE LICENSEE John T. Williams Funeral Home 100 Petersville Rd., Brunswick, MD 21716 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) lyo cardia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL 1 TYES 2 NO DF DEATH?

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Vinpetient 2 ER/Outpetient 3 DOA ng Home 8 - Residence 8 - Other (Specify) 4 🗆 Nun 28c. INJURY AT WORK? 27, MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 8 Pending 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 6 Could not be determined 4 Homicide

1 💹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

MDQI

1	back	- mi		
30. NAME AND AOD	TRES OF PERSON W	HO COMPLETEO CAI	JSE OF DEATH (ITEM	27) (Type, Print)

Are Bruxwic rasiers

296. SIGNATURE AND TITLE OF CERTIFIER

29d. OATE SIGNEO (Month, Day, Year)

8/3/19

1 - STATE REGISTRAR		SIAIE UF I					DEATH AND	MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)								OF DEATH			TIME OF DEATH
Ca	itlin		Nicole		Ke.	ati	no	MONT	M M	-	YEAR Q	17.11, M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.		IF UNDER 1 Y	YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTHPL	ACE (State or Foreign
N/A		1 M 2 K F		YRS.	MONTHS	DAYS	HOURS MIN.		th, Day, Year) 77/91		MOI	NTGOMERY
90. FACILITY NAME (II not II SHADY GROV			SPITAL		96. CITY, TO		R LOCATION OF C		-111		TY OF DEAT	ГН
RESIDENCE OF DEC					1100					PIOI	VI GOM	CKI
MARYLAND	10b. COUNT MO	NTGOMERY			Y, TOWN OR					10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER							ZIP CODE			10a CITI		T COUNTRY?
2329 Nees 1	Lane						209				US	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 J. NO IF YES, GIVE WAR OR DATES!						es, spe	ENDENT OF HISPA Holfy Cuben, Mexic 2 X NO Speci	en, Puerto	N? (Specify Yee Rican, atc.)	or No-	14. RACE	American Indian, thite, atc.
15. DEC (Specify and	EDENT'S EDU y highest grade	CATION completed)	18e, E	DECEDENT'S	USUAL OCCI	UPATIO	N et of working	160	. KIND OF BUS	INESS/IND	USTRY	
Elementery/Secondary (C)-12)	College (1-4 or 5 - N/A		fe. Do NOT us	N/A		. St Howard			N/A		
17. FATHER'S NAME (First, M							18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
Gerald M. I	_	g							. Dill			
SHADY GROVE		TIST HOSI	PITAL	9901 1	Med. (Street an Ctr	od Number or Rural Drive,	Rocke Num	bor, City or Town	, Stete, Zip		0850
20e. METHOD OF DISPOSIT 1 Buriel 2 Crematic 4 Donetion 5 Other		oval from State	20b. PLACI		OF DISPOSITION			84			ity or Town,	State
4 Donetion 5 Other 21. SIGNATURE OF FUNERA			- SHAD	Y GRO	VE ADV				FIROCK	VILLE	. MD	
> SIGNATURE OF FUNERA	L SERVICE ER	PENSEE			22. NA	ME AN	D ADDRESS OF FA	ACILITY '				
23. PART I. Enter the di	SARSAS OF	complications the	t coursed the c	faeth Da s			14 4 L					
ahock, or hi IMMEDIATE CAUSE (Fir disease or condition reaulting in death)	al	a. Imh	ise on aech iir	18.	1		~ fet		and or respir	wee	(h)	Approximate Interval Between Onset and Death
Sequentially list condition of any, leading to immecause. Enter UNDERLY! CAUSE (Disease or Injustate Initioted events resulting in death) LAS	diate NG ry	c. DUE TO	(OR AS A CONSI	EOUENCE OF	P):					100		
PART II. Other algolifica	nt condition	e contributing to	deeth but not	resulting i	n the unde	rlying	cause given in	Part I.	24e, WAS AN /			RE AUTOPSY FINDINGS
								_	1 TYES 2		CO OF	MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				26. PL/	CE OF DEATH (C)	eck only or	10)			
1 TYES 2 X NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home	5 🗆 Residence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH		28e. DATE OF (Month, De		N/AINJ	E OF 28 URY	c. INJU WOR	W2 / -	28d. DES	CRIBE HOW IN	JURY OCCI	JRED	1/4
	Pending nvestigation	813	-191			YI	ES 2 HOA				1/	I/A
	Could not be setermined	28e. PLACE Of building,	F INJURY At h atc. (Specify)	N/A	treel, factory,	office		28f. LOC City	ATION (Street er or Town, Stele)		N/A	Number,
29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge d	eath occurre	d at the time	date -	and place, and dis-	lo the er	uso(a) and —		4	
one) 2 MEDI	CAL EXAMINE	R: On the basis of as	camination and/or	Investigation	n, in my opini	lon, de	ath occured at the	time, date	end piece, end	due to the	ceuse(e) en	d menner ea atated.
2016 SUCHATURE AND TITLE	Rigi	ne 13.F	EYE	R.	M.D		34200	MBER		29d. DATE	SIGNED (MO	orith, Day, Year)
DR. REGINE		, 10810 (, F	Kensingt	on,	MD 2	0895-	2139	
31. DATE FILED (Month, Pey,	21991	A. REGISTRA	R'S SIGNATURE	data	1							

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

9	2	4	1	3	U

	1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFICATE	OF HEALTH AND	MENTAL HYGIENE REG. NO.	31 24100		
)	1. DECEDENT'S NAME (First, Middle, Last Larkin	© Elizab	eth	Keating	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER N/A	1 M 2 F	YRS. lest birthday) IF UNDER MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/7/91	8. BIRTHPLACE (State or Foreign Country) MARYLAND		
OR	9e. FACILITY NAME (If not institution, give SHADY GROVE ADVI			TOWN OR LOCATION OF DI OCKVILLE	2.11.2.1	ONTGOMERY		
DIRECTOR	MARYLAND 10b. COUN	ONTGOMERY	10c. CITY, TOWN C	R LOCATION SPRING		10d. INSIDE CITY LIMITS?		
A	10. STREET AND NUMBER 2329 Nees Lane			101. ZIP CODE 2090.	_	1 VES 2 XNO		
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U. FORCES? 1 YES	2 NO I		IIC ORIGIN? (Specify Yea or No— n, Puerto Rican, etc.)	a or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
PLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12) N/A		Give kind of work done of life. Do NOT use retired.)	uring most of working	16b. KIND OF BUSINESS/IN			
BE COMPLI	17. FATHER'S NAME (First, Middle, Last) Gerald M.	Keating			ME (First, Middle, Meiden Surneme) a R. Dill	A		
5	190. INFORMANT'S NAME (Type/Print) SHADY GROVE ADVI	Poute Number, City or Town, State, Zie, Rockville,	tate, Zip Code) e, MD 20850					
	20e. METHOD OF DISPOSITION 1	moval from State cemeter	ACE AND DATE OF DISPOSITY, crematory or other place) ADY GROVE AT 22. 8		PB/1/9 ROCKVI	City or Town, Stata		
	23. PART i. Enter the diseeses, or shock, or heert feilure iMMEDIATE CAUSE (Final diseese or condition resulting in death)	as cordioc or respiratory ar	interval Batwe					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
MEDICAL C	PART II. Other significent condition	ons contributing to deeth but o	not resulting in the und	lerlying ceuse given in	Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\text{YES} \) 2\(\text{Y} \) NO	HOSPITAL:	nt 3 00A 4 Num	26. PLACE OF DEATH (Che		1 YES 2 NO		
ED BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 8 Could not be 4 Homicide detarmined	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY 6 - 4 5 M	Rec. INJURY AT WORK? 1 VES 2 NO	28d. DESCRIBE HOW INJURY OC 28f. LOCATION (Street and Number City or Town, State)			
ᇤ	29a. CERTIFIER (Check only	SICIAN: To the best of my knowledg	e, death occurred at the tir	e, data and place, end dua	to the cause(s) and manner ea stat	led.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE Regiw 13. 30. NAME AND ADDRESS OF PERSON W	FEYER	MUSY	29t. LICENSE NUM 34200	BER 29d. DAT	E SIGNED (Month, Day, Year)		
	WINCELL AND DESCRIPTION OF PERSON W	THE SUMPLICION GAUSE OF DEATH	resident Tra (Name Chilat) for					



BALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be retained by the hospital or attending physicial DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

SEP 121991

MARYLAND MONTGOMERY SILVER SPRING X X X White

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans effect within 72 hours after death with the State Deot, of Health and Mental Howene orion to harvial cremation or removal	
e retained by the hos	5 should be detached	
death. Page 6 may b	funeral director, page	APPROPRIATE AS I THE ASSESSMENT OF THE ASSESSMEN
rithin 24 hours after	emation or removal	The second of the second
ificate be executed w	physician and comp	
s that the death cert	ned by the attending lith and Mental Hydio	The state of the s
AN: The law require	ificate has been significate Dept. of Hea	ta
ATTENDING PHYSICI	CTOR: After this cert after death with the	AB 1
THE HOSPITAL OR	THE FUNERAL DIRE	DOUPLE IN 16 16-
	D O	- 2

_		/ DEPARTMENT ERTIFICATE		D MENTAL HYGIEN	_	24731				
	1. DECEOENT'S NAME (First, Middle, Last) ESTER ETTER ETT ESTHER Kay	Herine	Keller	2. DATE OF DEATH MONTH 9	Y 9 YEAR	3. TIME OF DEATH A				
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. In 12 M 2 XF 67		YEAR IF UNDER 24 HI DAYS HOURS MI	(0.4 - M (D) - M (A)	Coun	PA PA				
1	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, 1	TOWN OR LOCATION O		9c. COUNTY OF					
DIRECTOR	HANTA //PM/MA HOSP/ HANTA		Havre d	le Grace	На	rford				
I.E.	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR				10d. INSIDE CITY LIMITS?				
	MD Harford		Havre de	Grace		1 X YES 2 NO				
FUNERAL	721 Warren Street			1078	10g. CITIZEN DF	SA				
I S	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 ☑		S DECENDENT OF HIS	SPANIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, k, White, atc.				
B	3 🖫 Wildowed 4 🗌 Divorced IF YES, GIVE WAR OR DATES		YES 2 X NO S	pecify:	Spec					
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. D. ((0)	ECEDENT'S USUAL OCC	CUPATION	16b. KIND OF BUS	SINESS/INDUSTRY	Wille				
LE.		m. Do NOT use retired.)								
COMPL	17. FATHER'S NAME (First, Middle, Last)	Home	maker	NAME (First, Middle, Maiden	Sumamal					
BE C	Frank Drace			Florence Qui						
9			Street and Number or Ru	ural Floute Number, City or Town	n, State, Zip Code)					
	Mr. Dennis Keller			Havre de G						
	1 [XBuriel 2] Cremation 3] Ramoval from Stata 4] Donation 5] Other (Specify)	and date of disposition of the control of the contr	Cemeterv		ading, P					
	21. SIGNATURE DF FUNERAL SERVICE LICENSEE	22, N/	ME AND AGORESS OF	FACILITY						
	William Short	H	avre de G	ith Funeral race, MD	Home, P	.A. 97				
NC	23. PART I. Enter the diseases, or complications that caused the disease, or heart failure. List only one cause on each find immEDIATE CAUSE (Finel disease or condition resulting in death) Due to joh as a conse	Phi C	a mode of dying,	-/) /	CUICI	Approximata Interval Batween Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not	resulting in the unde	erlying cause given	In Part I. 24a. WAS AN. PERFOR	AUTOPSY 24b MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND				
ICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VEGO 1 VES 2 PROPERTY OF THE PROPERTY OF	OTHER:	26. PLACE OF DEATH	(Check only one)						
HYS	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME OF 28	g Home 5 Residen	ca 8 Other (Specify) 28d. OEŞCRIBE HDW IN	HIRV OCCUBED					
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK?	Est. SEGUNDE NOW IN	NON'I OCCURED	200 (4				
0	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, atreet, factory	, offica	28t. LOCATION (Street at City or Town, State)	281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, day one) 2 MEDICAL EXAMINER: On the best of available and/or	eath occurred at the time	, deta and placa, and	due to the cause(a) and man	ner sa stated,					
BE CO	2 MEDICAL EXAMINER: On the basis of aximination and/or 29b. SIGNATURE AND TITLE OF CESTIFIER	investigation, in my opin	29c. LICENSE I		,	(Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27 (Typis, Print)	1/000	Km O Ro	06.4	19/				
	31. DATE FILEO (10 10 10 10 10 10 10 10 10 10 10 10 10 1	- Randelle		(-108 (20	ull	norg				

21 21731

The second second

burial-transit

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
after	use a		
talo	ĮQ.		
hospi	ached		
the	e det		
S 5	P P		
etalue	Shot		
be	age 5		
may	d jo		
age 6	direct		
ath. P	neral		
or de	he fu		
s afte	4	emor	
non	ed in	0	
12	ly fill	ation	
with	plete	crem	
urted	COM	unal.	,
900	n an	0	•
ite be	Sicia	prior	
rtifica	In ph	liene	
th ce	endir	H	
e dea	ne att	Venta	
at th	4	and	
es th	gned	alth	
equir	en si	ě E	
WE	as be	Sept.	
The	ate h	tate	
CIAN	ertific	the S	
HYSI	his c	With	
NG F	fter t	eath	
END	DR: A	ter d	
R AT	RECT	urs a	
AL O	AL DI	2 10	
SPIT	NER/	thin 7	
E HC	E FU	IM P	
王	王	3	

24732 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH Edward George Knight, YEAR 9 91 George KAIR 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8. SEX 6. AGE (In yrs. last birth 8. BIRTHPLACE (State or Foreign IF UNDER ! YEAR IF UNDER 24 HRS. 215-28-1475 9-3 Maryland 9c. COUNTY OF OEATH 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF OEATH Fallston Gen DIRECTOR 70 eneral 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? Harford Edgewood 1 YES 2 NO Maryland
100. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE 2414 Greenheart Lane 21040 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES KOYEA 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Pua 1 TES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Mechanic Truck Refrigeration service 12 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Elizabeth Foertsch George Edward Knight, Sr. BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2414 Greenheart Lane, Edgewood, Md. 21040 W. Sue Knight must be 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 1 Burial 2 Cremation 3 R Ferris Crematory9-3-91 West Chester, Pa. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition reaulting in death) event, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 23 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 (DOOA 4 ☐ Nursing Home 5 D Hasidence 8 ☐ Other (Specify) 50 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27, MANNER OF DEATH 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 8 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 28 29a, CERTIFIER CENTIFYING PHYSICIAN: To the best of my 29b. SIGNATUR 29d, DATE SIGNED (Month, Day, Year) BE 2 TND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prift)

32. REGISTRAR'S SIGNATURE

Julia Davidson-Bandale

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4	۱ -	FOR STATE REGISTRAR	
ļ	1. D	ECEDENT'S NAM	
İ	FF	RANK	

1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR				MENT	AL HYGIEN		91	241	133
1. DECEDENT'S NAME (First	Middle, Last)								E OF DEATH		YEAR	3. TIME OF DE	ATH
FRANK	Ε.			KLOPFER					08 21 20 91			8:27	AM
4. SOCIAL SECURITY NUME		. SEX	I ONDER I TEAM				ER 24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)		6. BIRTI	IPLACE (State or	Foreign
577-16-9573		X M 2 □ F	72	YRS.	MONTHS D	HOURS	MIN.			1918		" HINGTON	, DC
9a. FACILITY NAME (If not in					9b. CITY, TO	WN OR LOCA	TION OF D	DEATH			NTY OF D		
CALVERT ME	EDENT	HOSP	ITAL		PRINC		EDER	RICK		CAL	VER	T COUN	ITY
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CI	TY	
10. STREET AND MIMPER									1 YES 2	□ NO			
10, 2P CODE								WHAT COUNTRY	7				
11. MARITAL STATUS							0736				JSA		
1 Never Married 2		2. WAS DECEDEN FORCES? 1	X YES	NO	If ye	s, specify Cut	ban, Mexic	an, Puerto	IN? (Specify Year Rican, atc.)	or No-	14. RACI Blac	E — American In k, White, atc.	dlen,
3 📉 Widowed 4 🗌 Divo	rced	IF YES, GIVE W	WWII	S	1 🗆	YES 2X N	O Speci	ffy:			Spec	WHITE	
15. DEC	EDENT'S EDUCAT	ION	16	a. DECEOENT'S	USUAL OCCU	PATION		16	b. KIND OF BUS	INESS/INE	USTRY		
Elementary/Secondary (0	highest grade con	npleted) College (1-4 or 5 :	.)	(Give kind of a life. Do NOT us	work done durir se retired.)	g most of worl	king						
12				STIMATO	OR			ВО	DY WOR	KS			
17. FATHER'S NAME (First, Mi	iddle, Last)					18. MO	THER'S N		Middle, Meiden		-		
FRANK	KLO	PFER				M	IARY		Ma	cWILI	TAMS	3	
19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILINO	ADDRESS (St	eet and Numb	er or Rural	Route Nur	mber, City or Town				
JEAN M. SHIR	LEY (DAUGHTE	R)	6325 E	EARL S'	TREET,	OWI	NGS,	MARYL	AND 2	20736	5	
20e. METHOD OF DISPOSITI 1 1 Donation 6 Other	n 3 🗆 Removal	I from State	cemeter	ACE AND DATE (OF DISPOSITIO	N (Name of		OA	TE 20c. LO	CATION —	City or To	wn, State	
21. SIGNATURE OF THERAI		SEE	- I GAT	E OF HE				AON ITW	SIL	VER S	PRI	IG, MAR	YLAND
1 - 5X	u D	X	ul		FRANC	CÍS J. UNIVER	COL	ĽľNS BLV	FUNERA D. W.	AL HO	ME,	INC.	20901
23. PART I, Enter the di	seases, or com	plicatione the	t ceused th	e deeth, Do r	not enter the	mode of d	ying, suc	ch aa cai	rdiac or reepi	ratory arr	eat.	Approxi	
IMMEDIATE CAUSE (Fin	ert reliure. Lie	t only one ceu	se on eech	line.								Interval	Between nd Death
disease or condition resulting in death)	.	tre	rioss	lest	2 /	nalit	SiRic	1.0	or 0	11.86	LCF	> Oneat all	IG Death
readiting in dea(ii)		DUE TO	(OR AS A CO	NSEQUENCE OF	f):	0-1-011-	4.2	COCI	U/ V		- 1		
	- h											ĺ	
Sequentially liet condition if any, leading to immediate		DUE TO	(OR AS A CO	NSEQUENCE OF	F):							-	
cause. Enter UNDERLYii CAUSE (Disease or inju													
thet initiated events resulting in death) LAST	· •	DUE TO	(OR AS A CO	NSEQUENCE OF	j:								
resolding in death) LAS	d												
PART ii. Other eignifice	nt conditione c	ontributing to	deeth but r	not resulting i	n the under	vina ceuse	given in	Part I.	24a. WAS AN	NUTOPSV	246	WERE AUTOPSY	EINDINGS
									PERFOR	MED?		AVAILABLE PRIOR	OT R
									YES 2	□ NO		OF DEATH?	
								_				1 YES 2	NO
25. WAS CASE REFERRED TO	MEDICAL				2	8. PLACE OF	DEATH (CA	heck only o	ina)				
EXAMINER?	H-	OSPITAL:	KER/Outnetle	m 3 🗆 DOA	OTHER:		10-100						
27. MANNER OF DEATH		20a, DATE OF	INJURY	26b. TIMI		INJURY AT	tesidence	_	SCRIBE HOW IN	LIURY OCC	LIBED		
	Pending nvestigation	(Month, De	ly, Year)	LINI	URY	WORK?	□ NO						
3 Citates -	Could not be	26a. PLACE OF	F INJURY - /	At home, farm, s	treet, factory,			26f. LO	CATION (Street a	nd Number	or Rural F	loute Number	
	latermined	bullding,	etc. (Specify)					City	or Town, State)				
29a. CERTIFIER 1 CERTI	FYING PHYSICIAN	Y: To the heat of	my knowlede	e death occur	ed at the time	data and still		11172					
(Check only	CAL EXAMINER: O	on the beals of ax	emination an	d/or investigation	n, in my onick	one and plac	e, and dus	time de	e and place and	ner aa stat Leks to to	ed.	and man	
29b. SIGNATURE AND TITLE		A			y spirit	_			a and place, and				
110	10	le 1	0				CENSE NUI					(Month, Day, Year)
1 we	DEBEON WHO CO		47			0.	C.M	.E.		0	3/21	1/91	4

111

32 PENSTARIA SINGRADIA

PENN



STREET, BALTIMORE, MARYLAND 21201

1117

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within parts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	ALE O	- DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, List) STEPHEN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	NDAL	_		2. DATE OF D	1 S	Q YEAR	3. TIME OF DEATH		
	119 24 7391 ¹⅓м²□F	7 8 ^{YRS.} MON		HOURS MIN.		27,19	913 (Bi	PLACE (Start) or Foreign Tungary Idapest)		
HO.	9a. FACILITY NAME (If not institution, give street and number) Hebrew Home of Greater	OUNTY OF DE	GOMERY							
пиестон	10a. STATE 10b. COUNTY		10d. INSIDE CITY							
	Maryland Montgomery 100. STREET AND NUMBER	511		Spring on ZIP CODE		100	, CITIZEN OF W	1 VES 2 NO		
FUNEHAL	1220 Blair Mill Rd.			20910			nited	States		
à	11. MARITAL STATUS 1 Never Merried 2X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexical ES ZAMO Specify	n, Puarto Rican,			- American Indian, White, atc.		
COMPLEIED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use rea Account	done during i red.)	TION nost of working		of Busines	s/inoustry Govern	nment		
200	17. FATHER'S NAME (First, Middle, Last) Michael Klein			16. MOTHER'S NA	ME (First, Middle	Maiden Suma	ıme)			
u l	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Stree	Marga:						
2	Ethel Tobey Kendall		addr	ess as						
	1 (Serial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	Judean M	emor	ial Gdn:	5.		ON — City or Ton Y, Md.			
	21. SIGNATURE OF FURTHER SERVICE LICENSEE			es-Pears Falls		nera:	1 H2me	56		
	23. PART I. Enter the disesses or complications that cause shock, or heart failure. List only one ceuse on a IMMEDIATE CAUSE (Final disesse or condition resulting in death)	SIS	ntar tha n	node of dying, eucl	h ss cerdiec (or respiretor	ry srreat,	Approximate Interval Between Onset end Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
DICAL	PART II. Other significent conditions contributing to death I	but not resulting in th	a underly	ng cause given in		WAS AN AUTO	7	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE		
Σ	MULTI-INFARCT		-	A	10	YES 2	10	OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		-/1/	PLACE OF DEATH (Ch	eck only one)					
HTS	1 ☐ YES 2 ☐ NO	patient 3 DOA 4 5	Nursing H	oma 5 🗆 Residenca	6 Other (Spe 26d, DESCRIB		Y OCCURED			
5	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	Y — At home, farm, atree	M 1	VORK? YES 2 NO						
בו מ	3 Suicide 6 Could not be determined building, atc. (Spe	ocity)	i, lactory, or		City or Tou	vn, State)	lumber or Rural R	noute Number,		
3 Suicide 6 Could not be detarmined building, stc. (Specify) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
O BE	29b. SIGNATURE AND FITLE OF CENTIFIER At (i.e.	-ding Phys	izan	D 180	84	290	, DATE SIGNEO	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	MONTROS	E RC	Rock	1148 1	40 2	0852			
	31. DATE FILED (Morith, Doy, Year) AUG 21 91 32. REGISTRAR'S SIGN Julia David				1					

1	2
(6	FRE.
16	
	Pages

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or Other traumatic event, the medical examiner must be notified at once.

AUG 20'91

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

i	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF D	EATH DAY	,	YEAR	3. TIME OF DEATH
ì		WA	LTER	J	LI	LLE	Y			Aug. 2	0, 1	991	TEAR	3 A.M. M
	4. SOCIAL SECURITY NUMBER 221 12 9806		5. SEX Male	6. AGE (In yrs. In	sst birthday) YRS.	IF UND	ER 1 YEAR	_	R 24 HRS.	7. DATE OF B	IRTH		Count	HPLACE (State or Foreign
					Ths.	01-017	TV TOUG	1001001	1011 05 0		132		NTY OF D	Delaware
5	9a. FACILITY NAME (If not in At Home	227	7	ard Dri	ve			or Locater town		EATH			ent	EATH
5	RESIDENCE OF DEC	10b. COUNTY	,		100 00	V TOWN	LOB LOC	CATION						404 INCIDE CITY
חטוסטעות	Maryland		Kent		c. city, town or location Chestertown								10d. INSIDE CITY LIMITS? XIX YES 2 NO	
DI FUNERAL	10e. STREET AND NUMBER 227 Richard Drive					10f. ZIP CODE 21620						_	SA	WHAT COUNTRY?
Ž	11. MARITAL STATUS Ma	rriod	12. WAS DECEDEN	IT EVER IN U.S. A	VER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN							E — American Indian,		
		rried	FORCES? 1	YES 2 MAR OR DATES							k, white, atc. White			
- 11	3 Widowed 4 Divo				Yes					No				white
		EDENT'S EDU y highest grade		18a, D	Give kind of	Work don	occupa e during	TION most of work	ing	16b, KINI	D OF BUS	INESS/IN	DUSTRY	
COMPLEIED	Elementary/Secondary (C	2-12)	College (1-4 or 5		nemic					Che	emica	al C	0.	
5	17. FATHER'S NAME (First, M	fiddle, Last)						18. MO	HER'S NA	ME (First, Middle	, Maiden	Surname)		
		1	Robert W.	. Lilley	7				Hele	n Templ	lin			
2	Florence S.		y Wife	1						Route Number, C Cheste				1620
	20a. METHOD OF DISPOSIT 1 🔀 Burlel 2 🗆 Cremetic 4 🗆 Constign 5 🗆 Other	on 3 🗆 Rem	urial					cemetery, cre		991)				own, Stata
	21. SIGNATURE OF FUNERA		ENSEE	Domini	00			AND ADDR					# 26	
	· Jt	Vil	lis (Nel	Us	/ .	J. W	/illis	We1					d. 21620
	23. FART Emer the disperse or condition resulting in death)	eart fellura. nai	Liet only one car	use on each lir	10.					th es cerdiec	or respi	ratory ar	rest,	Approximate interval Between Onset and Death
20	Sequentielly liet condit	tions,	b. Lym Y	OR AS A COMS ON ON O	ory Failure a consequence of: ma - end stage a consequence of:					30 yrs.				
ALIFICALION	ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing iry	c. OUE TO	(OR AS A CONS	EOUENCE O	DF):								
5		-	d											
	PART ii. Other significe	ent condition	s contributing to	death but not	resulting	in the	underly	ing cause	given in	Part i. 24e	WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
7										COMPLET			COMPLETION OF CAUSE OF DEATH?	
ŭ.														1 YES 2 NO
2														
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	Chillin .		отн		PLACE OF	DEATH (C	heck only one)				
2	1 YES 2 W NO 1 Inpatient 2 WER/				3 🗆 DOA	4 🗆 N	lursing H	ome 5 N	tasidence	8 Other (Sp				
DI PRISICIAN.	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	26a. DATE Of (Month, L	F INJURY Day, Year)	28b, TII	ME OF JURY M		INJURY AT WORK? YES 2	□ NO	28d. DESCRIE	BE HOW II	NJURY O	CCURED	
	- 5	Could not be detarmined	28e. PLACE (building	OF INJURY — At I , atc. (Specify)	home, farm,	street, fo	actory, o	ffica			N (Street s wn, State)		or or Rural	Route Number,
4	29a. CERTIFIER 1 V CER	TIFYING PHYS	ICIAN: To the best o	f my knowledge	death occur	red at the	e time d	late and ole	a and de-	to the cause/o) and mar	mer ee et	rted	· · · · ·
COMPLEIED	(Othern only													(a) and manner as stated.
	29b. SIGNATURE AND TITLE	E OF CERTIFIE	R	_		-	-		ENSE NU			29d. DA	TE SIGNE	O (Month, Day, Year)
2	30. NAME AND ADDRESS O	MU DEBENN WIL	le m	O DE DE ATU "	EM 270 /5-	A Dolast		D	415	8 /		•	8-	10-91
	Dr.Helen								0					
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE		ag.	-Ko	nt_&	Ulle	en An			_	•
	AUG 2 n'	01	Julia D	avidson-A	andell						C	ues.	cert	own, Md 21

21620

2	20	-
_	eath. F	uneral
BALIIN	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di
	OUIS	d in b
	24 h	fille
20,	within	pletel
DIVISION OF VILAL RECORDS, P.O. BOX 68760,	cuted	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
X	e exe	an an
2	cate b	hysici
j.	certifi	ding p
Ž.	death	aften
2	the	y the
ב כ	that	d ba
ה כ	quires	n sign
r	aw re	s bee
4	The la	te ha
>	IAN:	rtifica
2	HYSIC	his ce
2	NING F	After t
2	TENE	TOR:
>	DR A	DIREC
_	AL	A

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		ENTAL HYGIEN REG. NO		1 24/36			
	1. DECEDENT'S NAME (First, Middle, Last MARGARET CECELI					2. DATE OF DEATH ON THE AUGUST 1.	Ž, 19	3. TIME OF DEATH 1:37 PM			
	4. SOCIAL SECURITY NUMBER 213 24 6903	1 - M 2 X F 6	(In yrs. lest birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH	29	BIRTHPLACE (State or Foreign Country) Md			
TOR	9a. FACILITY NAME (If not institution, give SACRED HEART H RESIDENCE OF DECEDENT		AND	9c. COUNTY OF DEATH ALLEGANY							
DIRECTOR	AAAA AAAA AAAA AAAA AAAA AAAA AAAA AAAA AAAA										
UNERAL	87 Frost V	101	21532			10g. CITIZEN OF WHAT COUNTRY?					
BY F	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yes, sp	endent of Nispanic ecity Cuben, Mexican, 2 10 NO Specify:						
ETED	15. DECEDENT'S Et (Specify only highest gra	de completed)		USUAL OCCUPATION Work done during mo		16b, KIND OF BU	ISINESS/INDUS				
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cle			Clo	thing	Store			
ш	17. FATNER'S NAME (First, Middle, Last) John Shanne	n				e Small	n Sumame)				
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Ro						
	Clarence A. Lewis 87 Frost Village, Frostburg, Md. 21532 20e METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nama DATE 20c. LOCATION — City or Town, State										
	The Burlet 2 Cremation 3 Removal from State of Commetter Classics Commetter 8/11 Prostburg, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	23. PART 1. Enter the diseases, or shock, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	r complications that cause b. List only one cause on a	od the death. Do each line.	not antar the mo		as cardiac or resp	biratory arres	Intarval Betwee Onset and Desi			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST										
MEDICAL C	PART II. Other significant conditi	one contributing to death i	but not resulting	in the underlyin	g cause given in f		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATN (Che	ck only one)					
PHYSI	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Yeer)	JURY AT ORK?	28d. DEŞCRIBE NOW INJURY OCCURED							
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	CONSCR ONLY	YSICIAN: To the best of my know						the same of the sa			
O BE CC	296. STGNATURE AND TITLE OF CENTURES (Moritin, Day, 1961) 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Moritin, Day, 1961)										
۲	DR. CHANG OH,	M.D., 48 TARN			URG, MD 2	21532	-				

Tomas and

Markette and the state of the s while the second

. Difference of the control of the c

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND	after death. Page 6 may be retained by the hospi	y the funeral director, page 5 should be detached noval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

8

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MANT		ICATE OF		MENTAL HYGIEN REG. NO		
DECEDENT'S NAME (First, Middle, La.					2. DATE OF DEATH	Y VE	3. TIME OF OEATH
ALBERT	JOSEPH	LAT	VLER		AUGUST 2		
SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. E	BIRTHPLACE (State or Foreign
213-24-7176	1 X M 2 □ F	62 YRS.	MONTHS DAYS	HOURA MIN.	June 17,		laruland
. FACILITY NAME (If not institution, gir	re street end number)		9b. CITY, TOWN	OR LOCATION OF C		PC. COUNTY	
SACRED HEART H	OSPTTAT.		CUMBE	RLAND, M	m	ALLEC	PANV
ESIDENCE OF DECEDENT			COLIDE	MINIO, I	ш.	AUDIA	JANI I
. STATE 10b. COU		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
ryland All	egany	Cı	ımberla	n đ			LIMITS?
STREET AND NUMBER	-gung			f. ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
927 Seton Dr. MARITAL STATUS	12. WAS DECEDENT EVER			21502		I US	
Never Married 2 Married	FORCES? 1 YE				ANIC ORIGIN? (Specify Yearn, Puerlo Ricen, etc.)	or No — 14.	RACE — American Indian, Black, White, atc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE WITH OR	DATES	1 TYES	2 NO Spec	ffy:		Specify: White
THE COURT OF THE C		known				- 1	
15. DECEDENT'S E (Specify only highest gr		(Give kind of	WORK done during m		16b. KIND OF BU	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilife. Do NOT u	se retired.)				
	5+	Accou	ntant		Busi	ness	
FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maiden		
Leo T. Lawle	r			Lilli	an (Laing)	
. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rure	I Route Number, City or Tox	n, State, Zio Coc	(e)
Frances L. Ba	ker				t. Cumb.,		21502
METHOD OF DISPOSITION							
Burial 2 Cremation 3 R		20b. PLACE AND DAT			6/26/91	CATION — City	or lown, State
□ Donation 5 □ Other (Specify) _		S. Pete				Cumber	land, MD
. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	NO ADDRESS OF F	ACILITY	0 = 0 1	Home, P.A.
> < W/ /	5: -						· ·
3. PART I. Enter the diseases,							d, MD 2150
seculting in death) sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury has initiated events seulting in death) LAST	DOE TO (OR AS	S A CONSEQUENCE O	9 M - ()	20 vo	7 67 G	Neg	2 we ex
auring in death) LAST	d	D PAL	& MS	106			
ADT II Other elanificant condi	lone contribution to de-th	blue not mountain	In the contest of	a souse ship- !	n Book I Tak was so	ALITONAL	Och WERE AUTORAL BUILD
ART II. Other algnificent condi	contributing to deetr	but not reaulting	in the underlying	ig cause given i	n Part I. 24e. WAS AP PERFO		24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
					1 YES :	NO DA	COMPLETION OF CAUSI OF DEATH?
						,	1 YES 2 NO
. WAS CASE REFERRED TO MEDICA			20.5	LACE OF OEATH (C	Check only one)		
EXAMINER?	HOSPITAL:		OTHER:	LAUG OF UEATH (Aroun only one)		
1 TYES 3/2 NO	1 Inpatient 2 ER/O	1850 335	4 - Nursing Ho		8 Other (Specify)		
MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea			JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	EO
Natural 8 Pending				YES 2 NO			
2 DALLIS	28e. PLACE OF INJU	RY — Al home, farm,	street, factory, offi	ca	281. LOCATION (Street	and Number or I	Rural Route Number,
4 Homicide 8 Could not determine	be building, etc. (S	pecify)			City or Town, State)	
Check only	HYSICIAN: To the best of my kn	owledge, death occur	red at the time, dat	e and place, and d	ue to the cause(e) and me	nner as stated.	
	AINER: On the basis of examina	tion and/or investigat	lon, in my opinion,	death occured at ti	he time, data and place, a	nd due to the c	suse(s) and manner as stated
			1735) 1074	The state of			
96. SIGNATURE AND TITLE OF CERT	FIER (D 6	29c. LICENSE N	UMBER	29d. DATE SI	GNED (Month, Day, Year)
(VOTIO	1600	aun	0 110	0-	1526	8	-23-91
. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)				
TOHN METIANN	A. M.D. 909-I	CETON D	DIVE OIL	DEDI AM	MD 21502		
DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	WIAE COM	DEKLAND,	FID. 21302		

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PITAL OR ATTENDED FOR THE NEW INSTITUTION OF THE METER OF	FRAL DIRECTOR ATTAINED TO USE SENDED THE STEP STATES THE PAGE TO THE PAGE TO USE AS THE PAGE S SHOULD BE DETAILED FOR USE AS THE BUTIAL-TEADS TO USE AS THE BUTIAL-TEADS TO USE AS THE BUTIAL PAGES 1, 2, 3 Should	n 72 hours after court when the feeth and Memai Hygiene prior to burial, cremation, or removal.	F. If them 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TO THE HOSPITAL OR ATTENT	TO THE FUNERAL DIRECTOR	be filed within 72 hours after it	IMPORTANT: If item 28 is

	1 - FOR STATE REGISTRAR		STATE OF N		D / DEPAR CERTIF				MENTAL HYGIEN REG. NO			01 241	
	1. DECEDENT'S NAME (First,	Middle, Last)	Enos	Campbe	ell L	Lively	7		2. DATE OF DEATH MONTH August 29), 1	991	3. TIME OF DEATH 2305	
	4. SOCIAL SECURITY NUMB 235-10-7658		5. SEX 1 🔀 M 2 🗆 F		s. last birthday) 8 YRS.	IF UNDER	YEAR IF UN	DER 24 HRS. MIN.	7. DATE OF BIRTH (Morith, Dey, Veer) July 20, 1913 West Virgini				
R	90. FACILITY NAME (# not ins	2011				%b. CITY, TOWN OR LOCATION OF DEATH Elkton				9c. COUNTY OF DEATH Cecil			
16	RESIDENCE OF DEC										-		
DIRECTOR	Maryland	10b. COUNT				10c. CITY, TOWN OR LOCATION Elkton					10d. INSIDE C LIMITS? 1 \sum YES 2		
FUNERAL	10e. STREET AND NUMBER 65 Lively I	ane			101. ZIP CODE 21921					10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Diver		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	X NO	RMED 13. WAS DECENDENT OF HISPAN If yea, apocity Cuban, Maxice 1 YES 2 X NO Specify			en, Puerto Rican, atc.)			American Indian, c, White, etc.	
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				. DECEDENT'S	Work done du	UPATION ring most of w	orking	16b. KIND OF BU	ISINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5		(Give kind of work done during most of working life. Do NOT use relired.) Carpenter Buil				Buildi	ing C	onst	ruction	
COM	17. FATHER'S NAME (First, Middle, Last)						18. N	OTHER'S NA	ME (First, Middle, Melder			- 27	
BE (Lively						Louise J		- 4		
10	M. Ruth Liv					ively			Acute Number, City or Total	vn, State, Zi 219			
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Removal from State 4 Donellon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetory or other place) Gilpin Manor Memorial Park 1991 Elkton, Maryland												
	21. SIGNATURE OF EUNERAL		CENSEE	Vic	ks	22. N	HICKS Bow an	Home d Sto	for Funerackton Street	als, eets	P.A.		
L CERTIFICATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CI	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. If he shad 5 mgo candial infancisans COPO If had fall femily that he wouldn't live out the neeth 1 yes 2 no												
SICI	25. WAS CASE REFERRED TO EXAMINER? 1 TES 2 \(\square\) NO	J MEDICAL	HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER:		,	6 Other (Specify)	-			
B	2 Accident	Pending Investigation Could not be	8/29 280. PLACE	Dey, Year) OF INJURY —	23	OS M		T 2 M6	28d. OESCRIBE HOW	end Number	ell !	yashat heat	
ETEL	4 Homicide	determined	bunding	, etc. (Specify)	hon	0			65 Lively	Land	I,E	Hanma	
O BE COMPLETED	000)								e to the cause(s) end m			s) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	hein	m.D.		1	1	DICENSE NU	MBER 7	29d. DA	F/3	(Month, Day, Year)	
	30. NAME AND ADDRESS OF BALL STATE S	e O L	HO COMPLETED CAL	AR'S SIGNATU	1 (ITEM 27) (Typ.	CL ni	and	05%	ER E	Kto	41	nd	
	SEP 03 '9		Julia Da	vidson-1	andelle	18							

THE THE PROPERTY OF THE PARTY O	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be gerache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	e retained	5 should		notified
1	6 тау ы	ctor, page		nust be
	ath. Page	neral dire		miner r
	after de	by the fu	emoval.	lical exa
	24 mours	/ filled in	tion, or re	the med
	ed within	completely	al, crema	event,
	be execut	cian and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	raumatic
	certificate	ling physi	ygiene pri	other to
	he death	the attend	Mental H	njury, or
	res that ti	igned by	ealth and	s any i
	law requi	s peen s	ept. of H	23 show
	IAN: The	tificate ha	e State D	r Item
	3 PHYSIC	er this cer	th with th	arked,
	UTENDIN	CTOR: After	after dea	28 Is m
	TAL DR A	SAL DIRE	72 hours	If item
	HE HOSPI	HE FUNER	ed within	DRTANT
	2	10 T	be fill	IMP

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.	3 5		
	1. DECEDENT'S NAME (First, Middle, Last) FAY HING WONG LAU 2. DATE OF DEATH MONTH DAY SYEAR 13. TIME OF DEATH 13.55	м		
	429-10-2981 1 M 2 P 9/ YRS. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN. 8. BRITINGLACE (State or Foreign Country) Chillia			
DIRECTOR	SUBURBAN HOSPITAL RETHESD MONTGOMER	y		
	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER			
FUNERAL	1000 CARTER RD 20817 Permanent reside	nt		
ВҰ	12. WAS DECENDENT EVER IN U.S. ARMED FORCES? 1 YES 22 YEO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, apecify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, apecify Cuban, Maxican, Puerto Rican, atc.) 16. RACE — American Indian, Black, White, etc. 17. YES 2 YEM O Specify: 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, apecify Cuban, Maxican, Puerto Rican, atc.) 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, apecify Cuban, Maxican, Puerto Rican, atc.)			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Blanch Decedent's usual occupation (Give kind of work done during most of working life. Do NOT use retired.) Homemaker 16a. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.) N/A Homemaker OWn home			
	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)	_		
BE	(UNKNOWN) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	_		
5	Eleanor Eng 10008 Carter Road, Bethesda , Md. 20817			
	20b. PLACE AND DATE Of DISPOSITION DATE 20c. LOCATION - City or Town, State Donation Scotchy Date			
	22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md. 20904			
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, allowed the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, allowed the death of the condition of the condition of the condition of the conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reauiting in death) LAST Approximate interval Between Onset and Death of the conditions, and consequence of: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	nth		
ICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. ACRTIC A NUKY C May - 246. WAS AN AUTOPSY PROPORMED? 1 YES 2 7 NO 246. WAS AN AUTOPSY PROPORMED? 1 YES 2 7 NO 1 YES 2 NO	is		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 PYES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation Pending Investigation Pending Investigation Pending Pendi			
	3 Suicide 4 Nomicide 8 Could not be determined 28e. PLACE OF INJURY — At homa, term, atreet, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)	٦		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.			
8	29c. LICENSE NUMBER 29d. DATE SIGNED, (Month, Doy, Year) 8 120 191	\exists		
2	FRANCIS & MAYUE 8 2000 IS CONSIN AVE FETTINGS A 1102014	1		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ALC 2 3 01 ALC 2 3 01	ヿ		

	hos	ache		93
	the	det		9
	5	d b		at at
	tained	shoul		tifie
	96	5		no a
	ay	pag		t b
	9	ctor,		Snu
	age	dire		er 1
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	er de	he fi	10	ex
	s afte	Š	emo	dica
	Jno	ni pa	10	E
	12	y fill	ation,	the
	within	nplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
	urted	COU	ırial,	0
	ехес	and	to bu	mat
	pe pe	ciar	rior	20
	ficate	phys	пе р	Jer
	certi	ding	tygie	10
	eath	atten	Ital	, o
•	he d	the	Me	흗
	hat t	6	and	my.
	res t	igne	eatth	60
	equi	S Ua	O H	hov
	WE	ed Si	ept.	23 8
	The	te ha	ate D	E
	IAN:	tifica	e St	JI JE
	YSIC	S Cel	th th	å,
	H.	er thi	M U	arke
	DIN	Affe	dea	E S
	TTEN	TOR	after	28
	JR A	HREC	SUNO	E
	SPL C	AL D	72 h	Ξ
	SPIT	NER	hin	Ë
	E HG	E FU	d wil	E
	王	HIC	file	100
	F	H	ă	=

31. DATE FILED (Month, Day, Year)

AUG 27 391

32. REGISTRAR'S SIGNATURE
Julia Davidson Fondale

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AN			1 24740	
тоя	1. DECEDENT'S NAME (First, Middle, Last) GEORGE 4. SOCIAL SECURITY NUMBER 577-62-0553 90. FACILITY NAME (If not institution, give st	1 TM 2 F 44	yrs. lest birthdey) F U MON	NDER 1 YEAR IF UNDER 24 MR	s. 7. DATE OF BIRTH (Month, Day, Year) Sept. 23	1946 W	BIRTINPLACE (State or Foreign country) Jash.D.C.	
BY FUNERAL DIRECTOR	10e. STATE 10b. COUNTY MARYLAND MONT 10e. STREET AND NUMBER 1 9 9 4 2 APPLEDOWRE 11. MARITAL STATUS 1 □ Never Merried 2 ☒ Merried 3 □ Widowed 4 □ Divorced	CT. 12. WAS DECEDENT EVER IN FORCES? 1 Ses OF YES, GIVE WAR OR OAT	GERMAN U.S. ARMEO 2 DINO TES X	10f. ZIP CODE 20876 13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 N N S	xicen, Puerto Rican, atc.) pecify:	U	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY? S.A. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. OECEOENT'S EQUID (Specify only highest grade (Specify only highest grade Elementary/Secondery (0-12) 9th_GRADE 17. FATHER'S NAME (First, Middle, Last)		(Give kind of work of life. Do NOT use reti	lone during most of working red.) 16. MOTHER'S	AUTOM NAME (First, Middle, Meidel	OBILE	RY	
TO BE	GEORGE J LITT. 190. INFORMANT'S NAME (Type/Print) KATHY LITT. 200. METHOD OF DISPOSITION 1 Burlel 2 © Cremetion 3 Rem. 4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State MET	19942 A PLACE OF DISPOSITIO other place)	DORA RESS (Street and Number or Ri PPI.EDOWRE CT N (Name of cometery, crematory CREMATORY 22. NAME AND ADDRESS OF FRANCIS J.C	GERMANTOWN ov 20c. LI ALE FRACILITY OLLINS FUNE	MD 208 CONTROL OF CONTROL MD 208 CONTROL CITY XANDRTA RAL HOM	NA VA	
	23. PARY I. Enter the disease, or cahock, owneart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Broncopl a. Done to (OR AS A	eural fi	nter the mode of dying,	auch aa cardiac or rea	olratory arreat	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TÓ (OR AS A	CONSEQUENCE OF):	ia ze cer			(6 Montry)	
MEDICAL	PART II. Other algorificant condition	a contributing to death bu	ut not reaulting in th	e underlying cauae give		PRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Noturel 5 Pending 2 Accident Investigation	ER? \$ 2 DNO HOSPITAL: Display DOA 4 Nursing Home 5 Residence 6 Other (Specify) OF DEATH 28e. OATE OF INJURY (Month, Day, Year) DOA 28b. TIME OF INJURY WORK? WORK? DOA						
COMPLETED B	3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	28e. PLACE OF INJURY building, etc. (Speci	edge, death occurred at	the time, date end place, and		enner ee ateted.		
2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner e 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye) 29d. DATE SIGNED (Month, Day, Ye) 29d. DATE SIGNED (Month, Day, Ye)								

DNMN-16 Rev 1/89

notified at once.

4	30	å
E	7.	蓝
6 6	ect	Ē
20	9	9
45	le la	쿹
dea	Ž	22
ter	Pag B	100
50	P E	음
3	9 2	E
3	P) F	Pe .
F	tely	1,
M	aldic Cres	5
ted	ial,	6
PCC.	P P	黄
8	5 5	Ē
9	slok	g
Ear	들	6
The Co	E S	픙
#	H H	9
dea	atte	Ę,
를	£ N	重
Jat	3.5	=
SS	att a	60
克	F Fe	8
ě	. o	듦
<u>%</u>	Dep	23
F	ate h	E
3	Str	Ē
Sic	the	9
¥	nis with	9
GP	in the	18
N	Af	-
TEN	DR.	-
X	EC S	2
8	Po no	ě
M	3R	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 25-yours after death. Page 6 may b	TI THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
5	马基	E
뿓	出層	Š
2	23	Ξ
4)	2	
al	. U	

_	TIEGIOTTEAT				OLITTIII.		-	DEA		- '	EG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEA										DAY YEAR						
	CATERINE	R. LUI	rz,	Sep. 1						4	2	3	91	0300 A M		
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	s. last birthday)		NDER 1 YEAR	_	T	7. DATE OF E (Month, De			8. BIRTI	HPLACE (State or Foreign		
	212-90-597	0	1 🗌 M 2 💢 F	7	4 YRS.	MONT	HS DAYS	HOURS	MIN.	Dec.		1916				
	9e. FACILITY NAME (If not in	stitution, give e	treet end number)			9b. (OUNTY OF CEATH			
Œ	Shady	C	01.03	+ 11	41	-		411-				Mani	h			
6	Shady Grove Adventist Hospital					Rockville					Montgomery					
DIRECTOR						TY, TOV	WN OR LOC	ATION						10d. INSIDE CITY		
뜽	Maryland Montgomery Rockville						110							LIMITS?		
	10e. STREET AND NUMBER		Jo		INOC	V A T		IOF, ZIP COD	E			10a, CITI	IZEN OF	WHAT COUNTRY?		
FUNERAL	C22 Manuary Change						20050									
빌	632 Monroe Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO					20850 13. WAS DECENDENT OF HISPANIC ORIGI				United St						
교	1 Never Merried 2XX	Merried	FORCES?	YES 2	ONXX		It yes,	specify Cubi	n, Mexice	n, Puerto Ricer		or No-	Biac	E — American Indian, ik, White, atc.		
3 Wildowed 4 Divorced F YES, GIVE WAR OR DATES 1 YES 2X NO Specify: White									7							
									ıte							
쁘ㅣ	(Specify only	y highest grade	completed)	16	(Give kind of life. Do NOT a	work d	ione during i	most of work	ing	180. KIN	ID OF BUS	INESS/INL	JUSTRY			
۳ ا	Elementary/Secondary (0	l-12)	College (1-4 or 5			-										
물	8				Homema	кеr	er Own Ho									
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)								ME (First, Middl		Sumame)				
BE	Perry Edwar	d Boye	er					Car	rie	Lugenb	il					
	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILIN	G ADD	RESS (Street	t and Numbe	r or Rural	Route Number, (City or Town	n, State, Zip	Code)			
오	Grayson Ler	oy Lut	tz		632	Mor	roe	Stree	t, R	ockvil	le,	Mary.	land	20850		
	20a. METHOD OF DISPOSIT			20b. Pt	ACE OF DISPO	SITIO	N (Name of	cometery, cre	matory or		20c. LO	CATION -	City or T	ty or Town, State		
	1 XX Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from State	Par	her place) klawn	Men	oria	l Par	k		Roc	kvil:	le.	Maryland		
	21. SIGNATURE OF FUNERA	L SERVICE	ÇENSEE				22. NAME	AND ADDRE	SS OF FA	CILITY ROD	ert	A. Pi	umph	rev Funeral		
	1	6)			- 1	Home	/Rock	vill	e, Inc	. 3	00 W	est	Montgomery		
	Nucl	2.1	erry	•	800M	03	Aven	ue, R	ockv	ille,	Mary	land	20	850-2805		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line.															
	IMMEDIATE CAUSE (Final															
	disease or condition		CAT	1012	CONSEQUENCE OF):						70 wk					
	resulting in death)	OR AS A CO	A CONSEQUENCE OF):								10/7.200					
_	BILATONAL PULMUNAMY EMBELLI Zdays									7 Alexander						
<u>ō</u>	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (DISEASE (D								20.0073							
¥	cause, Enter UNDERLY	ING	· Va	e - m	65 K	Int.	1-121	x Pe	5C171	Lis				2 weild		
프	CAUSE (Disease or injute that initiated events	ary	DUE TO	OR AS A CO	INSEQUENCE (DF):	0 17.		-					2.01 (0)		
E	resulting in death) LAS	T I	11	0/=0	com	D.	005	775						2 dans		
CERTIFICATION		_	d	101700		1/1	13780	7 80						1		
	PART II. Other algorifica		_					_	given in	Part I. 24	e. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL	Active	CUTON	wy or lui	a dis	eese.	-	241	ers		1	YES 2			COMPLETION OF CAUSE OF DEATH?		
			,	, ,			1					7		1 TES 2/D-NO		
_										-				1 100 2)00110		
AN	25. WAS CASE REFERRED 1	O MEDICAL					26	DI ACE OF	DEATH (C)	neck only one)				-		
\overline{c}	EXAMINER?	· madicina	HOSPITAL:				HER:	- III - Ce		III STATE						
PHYSICIAN:	1 YES 2 NO		1-X-Inpatient 2		ent 3 ⊔ DOA		Ť		lesidence	8 Other (S)						
ם	7000	Pending		Day, Year)		JURY		INJURY AT WORK?		28d. DESCRI	RE HOW I	NJUHY OC	CURED			
В	2 Accident	Investigation						YES 2	∐ NO							
0		Could not be		of injury — j, etc. (Specify)	At home, farm	, street	, factory, o	Mice			ON (Street (own, State)		er or Rurai	Route Number,		
4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end menner as stated.																
								eted.								
								the ceuse	(s) end menner es stated.							
	296, SIGNATURE AND TITLE	E OF CERTIFIE	8	-				29c. LI	CENSE NU	MBER		29d DA	TE SIGNE	D (Month, Day, Year)		
BE	2	11	-12		_	14	1			-20		•	P/2			
2	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CA	ISE OF DEAT	H (ITEM 97) /3-	no Pol-	1)							- 11		
	has a		1	The Inches	As a	- w ₁ r 11/1	1.110	1.	~ /	x 1	-	Rism	, ^	9, 10 20817		
		162r	19/CN		17//		6410	16141	CHU	· I/R	IVJ	1816	03/.	4,100 000 1 1		
	31. DATE FILED (Month, Day,	101	32. FEGISTE	Davidsen	Randel	2										
	AUG 26	71	4													

	hos	tache	JC.
	the state of	e de	10
	d b	q p	9
	etaine	shou	otifie
	2	Je 5	
	Jay	pad	P
	9	ctor	Š
	Page	I dire	ner 1
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he shark within 72 hours after death with the State Deot. of Health and Mental Hogiene prior to burial, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	fter d	the oval.	aje
	urs a	in by	offic
	4 700	filled in. or	E
	Jin 2	natio	f, #
	d with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funity after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	rven
	cute	nd co	dic
	9 6%	to t	пша
	te b	ysicle	2
	rtifica	g ph	the
	h ce	Hyd	0
•	deat	ental	77
	the	th M	Ē
	tha	th a	any
	uires	Sign	DW.S
	v rec	been a	Sh
	e la	has	1 23
	N: I	State	Her
	SICIA	the	. 0
	PHYS	this	rked
	ING	After	E
	END	DR: J	80
	A AT	RECT.	E
	I Di	TO TO	110
	SPITA	JERA	1
	E.	24	TA
	星	五	PO
	2	22	E

PERSON

Davidson

MARIO
31. DATE FILED (Month, Day,
AUG 22 91

1 - STATE REGISTRAR	STATE OF MARYLAND	CERTIFICATE		REG. NO.	91	24742
1. DECEDENT'S NAME (First, Middle, Last) Ma Seen	MA SEEN CHEI	NG LAU		2. DATE OF DEATH MONTH DAY	- 91	3. TIME OF DEATH 0145 M
4. SOCIAL SECURITY NUMBER 214-82-6395	5. SEX 6. AGE (10 /rs. 1 - 7 2	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vbar) APRIL 20,19	919 Ci	HINA
99. FACILITY NAME (If not institution, give st WASHINGTON ADVE		9b. CITY	TAKOMA PARK	EATH	MONTG(
10e. STATE 10b. COUNTY MARYLAND MONT	GOMERY	10c. CITY, TOWN C	R SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 10300 GEORGIA AVE 11. MARITAL STATUS			10f. ZIP CODE 20902		CHINA	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Rican, atc.)	Spec	E — American Indian, ok, White, atc. ohy: IENTAL
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 1 17. FATHER'S NAME (First, Middle, Lest)		DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) HOUSEWIFE	during most of working	16b. KIND OF BUSI		
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden Si	umeme)	
TACK PO LAU	(SON)	813 MALIB	S (Street and Number or Rural U DRIVE SI	LVER SPRING	MARYLAN	
20s_METHOD OF DISPOSITION 1	oval from State GEO		GTON CEMETER	RY ADELI	PHI, MAR	
21. SIGNATURE OF FUNERAL SERVICE LIC	RENSEE	FR	ANCIS J. CO	LLINS FUNERA		INC.
			O UNIVERSITY	Y BLVD., W.S.	IL.SPR.,	MD.20901
23. PART I. Enter the diseases, or a shock or hert failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	complications that caused the List only one cause on each i	death. Do not enter line.	the mode of dying, su	ch as cardlec or reaping		Approximate interval Batween
shock/or heert feilure. iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. Carolio DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON C. Chira	death. Do not enterline.	the mode of dying, su	ch as cardlec or reaping		Approximate interval Batween
shock/or heert feilure. iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. Carolio DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON C. Chira	death. Do not enter line.	the mode of dying, su	ch as cardlec or reaping		Approximate interval Batween
shock/or heert failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cardio ? DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON C. CLUST DUE TO (OR AS A CON C. CLUST DUE TO (OR AS A CON C. CLUST DUE TO (OR AS A CON C. CLUST DUE TO (OR AS A CON	death. Do not enterline. SECULATE OF: SECULATE OF: SECULATE OF: SECULATE OF: SECULATE OF:	the mode of dying, sur ory arr who we al face	est yyan	AUTOPSY 24	Approximate interval Batween
shock/or heert failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cardio ? DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON C. CLUST DUE TO (OR AS A CON C. CLUST DUE TO (OR AS A CON C. CLUST DUE TO (OR AS A CON C. CLUST DUE TO (OR AS A CON	death. Do not enterline. PLYLLAN ISEQUENCE OF): ISEQUENCE OF): OTHE	the mode of dying, sur ory arr orl gan of dyani	Pert J. 24e. WAS AN A PERFORM 1 YES 2	AUTOPSY 24	Approximate interval Batweel Onset end Deat Onset e
shock or heert failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CON DUE TO	death. Do not enterline. SECULIVE AND ISECULATE OF: SECULATE e mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying and the mode of the mode	Pert J. 24e. WAS AN A PERFORM 1 YES 2	AUTOPSY 24	Approximate interval Batweer Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death	
shock or heert failura. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation	DUE TO (OR AS A CON DUE TO	death. Do not enterline. SECULIVE AND ISECULATE OF: SECULATE e mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying and the mode of the mode	Part J. 24e. WAS AN A PERFORM 1 YES 2	MUTOPSY 24 MED? UNITOPSY 24 MED?	Approximate interval Batweer Onset end Death Death Onset end D	
shock or heert failura. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CON DUE TO	death. Do not enterline. SECULIAL SECU	the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying and discourse the mode of dying and discourse the mode of dying and discourse the mode of dying and discourse the mode of dying, sure the mode of dying and	Pert I. 24e. WAS AN A PERFORM 1 VES 2 Check only one) 28d. DESCRIBE HOW IN 28f. LOCATION (Street er City or Town, Stete)	AUTOPSY 24 MED? JURY OCCURED and Number or Rural mer as stated.	Approximate interval Batweer Onset end Death Death Onset end D

PHYSICIANS

14816

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E D I
P P 2 3

	1 - STATE OF M		DEPARTME		EALTH AND DEATH	MENTA	L HYGIEN REG. NO.	_	91	2414	
- 3	John WI Mea	de JOHN	W. ME	EADE		2. DAT	E OF DEATH	8	7/ 3.	738 AM	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country)							CE (State or Foreign Y L A N D			
0 B	9a. FACILITY NAME (If not institution, give street and number) Anne Aundel Medical Center Annepoli's Anne Au RESIDENCE OF DECEDENT								unde/		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND ANNE ARUNDE	EL	10c. CITY, TOWN OR LOCATION ANNAPOLIS				2			I. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1911 F. COPELAND STRE	EET	101. ZIP CODE 21401					U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. A YES 2	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year If yes, epecify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify:					A	or No- 14. RACE — American Indian, Black, White, atc. B LACK K		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Specify only highest grade completed) (Give kind of work done during most of working				16	b. KIND OF SU	SINESS/INDU	JSTRY		
ш	17. FATHER'S NAME (First, Middle, Lest) JAMES MEADE				16. MOTHER'S N		Middle, Maiden				
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rura						
-	PEARL MEADE 200. METHOD OF DISPOSITION									. 21401	
	20e. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)		E AND DATE OF DE		EME.	1891			Ity or Town,	, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	se		22. NAME A	E & SO	ACILITY &	321 WE	STMS	T . 2 1	NNAPOLIS	
	23. PART i. Enter the diseases, or complications the shock, or heart failure. List only one can immediate CAUSE (Final disease or condition resulting in deeth)	hypo	e. Lusus	A mo	oda of dying, su	ch as ca	rdiec or resp	iratory arre	est,	Approximete interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. DUE TO (OR AS A CONSEQUENCE OF): CAUSE OF SATING OR SATING										
ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	(OR AS A CONISI	EOUENCE OF):		V	1					
MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Church of Cause of Death? 1 YES 2 THO YES 3 Y										
	Menson	20	anci	NO	iD,	free	wter	nx	11	YES 2 N-NO	
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 1 Upstont 2	FR/Outpetlant		HER:	LACE OF DEATH &						
Y PHYSICIAN:	27. MANNER OF DEASH 1 Medium S Pending 26e. DATE Of (Month, I		28b. TIME OF INJURY	26c. IN.	JURY AT DRK? YES 2 NO	_	EŞCRIBE HOW	INJURY OCC	CURED		
TED BY	3 C Suitefide 280, PLACE (OF INJURY — At h , atc. (Specify)	ome, farm, street,	factory, offic	ee .	261. LC	OCATION (Street by or Town, State	and Number	or Rural Rout	e Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of medical examiner: On the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best									nd manner as stated.	
TO BE C	29h. SIGNATUJE AND TITLE OF CENTERIN	on	5		29C, LICENSE N	13	14	29d. DATE	SIGNED (M	onth, Day, Near)	
-	30, MANY AND ADDRESS OF PERSON WHO COMPLETED CAL	AR'S SIGNATURE	LARRA	13	mo	2	5,14	dos	Dy	AUL	
	AllG 29 1991 Julia Davidson	D					An	NO	per	lis, m	

The state of the s

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x wours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
h certificate be executed within 2-mouns	anding physician and completely filled in b Hygiene prior to burial, cremation, or rer	or other traumatic event, the medi	
HYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or	
TO THE HOSPITAL DR ATTENDING PH	TO THE FUNERAL DIRECTOR: After thin be filed within 72 hours after death with the control of the	IMPORTANT: if item 28 is mark	

	FOR 1 - STATE REGISTRAR	STATE OF MARY	(LAND / DEPA CERTI	RTMENT	OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	Roy Lorra				2. DATE OF DEATH MONTH DA	91 ^{YEAR}	3. TIME OF DEATH 10:45P M	
	4. SOCIAL SECURITY NUMBER 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEX 6. AG	iE (in yrs. last birthda) 66 YRS.	/) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 3 25	Cour	THPLACE (State or Foreign nitry) T VIRGINIA	
10R	9a. FACILITY NAME (If not institution, give stree VA MEDICAL CENTER RESIDENCE OF DECEDENT	t and number)			RT HOWARD	9c. COUNTY OF DEATH BALTIMORE			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMO	RE		altimo		-		10d. INSIDE CITY LIMITS? 1 YES 2 P NO	
FUNERAL	100. STREET AND NUMBER 2622 MANOR AVENUE				101. ZIP CODE 21219		10g. CITIZEN OF	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS OECEDENT EVE FORCES? 1 X YE IF YES, GIVE WAR OF		H	AS DECENDENT OF HISPA yes, specify Cuban, Maxic YES 2 NO Speci	an, Puarto Rican, atc.)	Bla	CE — American Indian, eck, White, atc.	
COMPLETED			16a. DECEDENT (Give kind of life. Do NOT	of work done du use retired.)	CUPATION rring most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
WOO !	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	Constru AME (First, Middle, Maiden			
BE	DEWEY LEEROY MATTH 190, INFORMANT'S NAME (Type/Print)	EWS	19b. MAILI	NG ADORESS	MELIND Street and Number or Rural	A DELORES			
입	CLINICAL RECORDS				POINT ROAD				
	20a. METHOD OF DISPOSITION 1. Burlet 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	I from State	other place of dist Kalbaugh	Cemet	e of cemetery, cremetory or Cery		cation - city or Garden		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	1		AME AND ADDRESS OF F		+zmillo	r Md 21538	
	23. PART I. Enter the disesses, or con	DINDA	Read the death D					Approximate	
	shock, or heert fellure. List iMMEDIATE CAUSE (Final disesse or condition resulting in deeth) e	PULMON	ARY EMBOI S A CONSEQUENCE	LISM	an mode of dying, so	or de cardiac or resp.	natory arrost,	interval Batwaen Onsat and Death	
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE						
PHYSICIAN: MEDICAL	PART II. Other significant conditions CHRONIC ALCOHOL		h but not reaultin	g In the und	larlying cause given in	Part I. 244. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA		IOSPITAL:		OTHER					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUI	RY 28b.		ng Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW (NJURY OCCURED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUDUIDING, etc. (3	URY — At home, fari Specify)	n, street, facto	ry, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONE) 2 MEDICAL EXAMINER:							e(a) and manner as stated.	
TO BE (SIGNATURE AND TITLE OF CERTIFIER		जं ड स्ट्राम ((-	29c. LICENSE N	UMBER USO 3.	29d. DATE SIGN	ED (Month, Day, Year)	
	FRET HOWARD VAMC	9600		Print)	e FORT	Howbro	mo	21052	
4	31. DATE FILED (Month, Day, Year) AUG 2 9 199	32. REGISTRAR'S S		ML.					

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Expours after death. Page 6 may be retained by the hospital or attending physic	Flours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	illed in by the funeral director, page 5 should be detached for use as the burial n, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettified at once.	e medicel examiner must be notified at once.

REGISTRAR			C	EKIIF	ICALE	: OF	DEATH	1	R	EG. NO.			
	I. Me	Kenzie							2. DATE OF E	ıst M	.2 , ĭ	3. TIN	6:10 A
4. SOCIAL SECURITY N	986L	5. SEX	6. AGE (In yrs. In	YRS.	IF UNDER	DAYS	1000	MIN.				BIRTHPLACE Country) Md	(State or Foreign
	9a. FACILITY NAME (If not Institution, give street and number) Frostbire Ninsing Home RESIDENCE OF DECEDENT					9b. CITY, TOWN OR LOCATION OF OBATH Frostburg				allegany			
Frost: RESIDENCE OF 10a. STATE Md.	Md. Allegany						thune					3/4	NSIDE CITY IMITS? YES 2 NO
	39 Bowery St.					10f. ZIP CODE 21532				10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ YES 2 T NO Specify:					Specific	orican Indian, , atc.	
(Specification (Speci	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)					SUAL OCCUPATION of done during most of working retired.) 16b. KIND OF BUSINESS/INDUSTRY Grocery Store 16. MOTHER'S NAME (First, Middle, Melden Surrame)							
	L. Mc I	Canzia							Bittr		rriano)		
40- INFORMANT'S NAT		COLLEGE	1	Ob MAII IN	ADDRESS	D /Dimed	and Number or				Ot-1- 71- 0-	dia/ 00	
		Kenzie			Te		C+	D					r. WVa
20a METHOD OF DISPI 1 Burlel 2 Cree 4 Donation 5 C	OSITION netion 3 - Ren		20b. PLACE other A	E OF OISPO	SITION (N	me of ce	metery, cremeto		/15	20c. LOCA	TION — City	or Town, St.	ite
21. SIONAPURIO OF FUN	ERAL SERVICE LI	Hon	/			NAME A	nd address	OF FAC	LITY	lome.	Fro	stbu	rg. Md.
if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events	disease or condition resulting in death) a. Disease of conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. Disease of conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
PART II. Other aign		d	death but not	reaulting	in the u	nderlyin	g cause giv	ren in f		. WAS AN AI	ED?	AWAIL	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE
	1 YES 2 NO OF DEATHY												
25. WAS CASE REFERR	ED TO MEDICAL	HOSPITAL:			OTUE:		LACE OF DEA	TH (Che	ck only one)				
1 TYES 2 TYNG)	1 Inputient 2	ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 Rask	dence 8	8 Other (Sp	pecify)			
25. WAS CASE REFERR EXAMINER? 1	Pending Investigation	28a. DATE OF (Month, De		28b. TH	ME OF JURY M	W	JURY AT ORK? YES 2 1	NO	28d. DEŞCRI	BE HOW IN.	IURY OCCUI	REO	
3 Suicide	Could not be determined	28e. PLACE O building,	F INJURY — At It etc. (Specify)	nome, farm,	street, fac	tory, offic	28		26f. LOCATIO City or R	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29a. CERTIFIER (Check only one)		BICIAN: To the best of ER: On the bests of an											nanner as stated.
200 SIGNATURE AND	904	year	H.				290-LICENSE NUMBER 1) 2495 / 201 DATE STUNED (Morith, Day, Year)					3, Day, Year)	
Chang	Oh, M	D. Fros	tburg	Com		ty	Hospi	ita	1, Fr	ostb	urg,	Md.	M. W.
AUG I	1991	32 REGISTRA	A SIGNATURE	e									

21. 27.75

eave of the case o

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y th	p e		0
q pa	Bla		po
etain	Sho		DE L
pe n	De 5		9
may	r, pa		st b
9 9	ecto.		Ē
230	al di		ne
eath.	uner		Eam
er d	the	Val.	8
s af	DY.	remo	9
nom	ed in	0	Ē
1 24	ly fill	ation	the state
within	plete	rem	en,
ted 1	CO.	al, c	8
прех	and .	Da	natic
pe e	cian	0 20	une.
cate	ohysi	e bu	er ti
ertif	Bug.	ygien	ŧ
ath	thend	a H	0
e de	he a	Ment	100
at th	5	and	ıy In
es th	gned	alth	8 an
duir	IN Si	문	MOL
W CE	bee	pt. o	3 8
he is	e has	e De	E 2
IN: I	ficat	Stat	5
SICIA	certi	the	9,
PHY	this	with	rkec
ING	After	leath	E
LENG	OR:	fter (8 2
ATT ATT	SECT.	ILS 3	E 2
10	100	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	5
PITA	ERA	F 7	1
Š	E	with	TAN
표	풀	filed	PO-
2	2	90	E

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest,		CERTII		OF DEATH	REG. NO).	3. TIME OF DEATH	
	THOMAS	EDWARD	MINKE			AUGUST 1	9', 19	91 01:00am	
1	4. SOCIAL SECURITY NUMBER 217-10-1858	5. SEX	6. AGE (In yrs. lest birthday, 74 YRS.		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-01-19:	17	BIRTHPLACE (State or Foreign Country) MD	
PRO.	9e. FACILITY NAME (# not institution, give SACRED HEART HO			BERLAND, M					
IRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			TY, TOWN OR			10d, INSIDE CITY LIMITS? XXX YES 2 N		
7	MD Allega 100. STREET AND NUMBER	шу	Cuit	berlar	101, ZIP CODE		T too. CITI	IZEN OF WHAT COUNTRY?	
FUNERAL DIRECTOR	900 Michigan Av			1	21502		USZ		
BY	1 Never Married XX Merried 3 Widowed 4 Divorced	FORCES? X	IT EVER IN U.S. ARMED YES 2 NO NAR OR DATES WW II	H 1	AS DECENDENT OF HISP/ yes, specify Cuban, Mexic YESXXX NO Spec	an, Puerto Rican, atc.)	es or No—	14. RACE — American Indian, Black, White, atc. Specify: White	
ED	15. DECEDENT'S ED (Specify only highest grad	16a. DECEDENT			16b. KIND OF BU	JSINESS/IND	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) Ille. Do NOT	use retired.)	ring most of working refitter	Glass	Indu	ustries	
	17. FATHER'S NAME (First, Middle, Last) Jacob J. Minke					AME (First, Middle, Melder cine Robins	,		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MARUN	G ADDRESS (Street and Number or Rura			2 Code)	
5	Mrs. Mary Louis	e Minke			ın Avenue C				
	29a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE OF DISPOSITION (Name Property of Competents) 20c. Location — City of Competents S — Other (Specify) 20c. Location — City of Competents Competents Competents Competents (Name Property of Competents) 20c. Location — City of Competents Competents (Name Property of Competents) 20c. Location — City of Competents (Name Property of Competents) 20c. Location — City of Competents (Name Property of Competents)								
	21. SIONATURE OF FUNERAL SERVICE I	JCENSEE .	0111:		ame and appress of F arpelli Fu mberland,				
CERTIFICATION	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, anock, or heert failure. List only one cause or each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
DICAL								24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Ä	25. WAS CASE REFERRED TO MEDICAL								
200	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	26. PLACE OF DEATH (C		-		
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE O (Month,	F INJURY 26b. T	-	28c. NJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW	INJURY OC	CURED	
	3 Suicide 6 Could not b	28e. PLACE	OF INJURY — At home, farm, etc. (Specify)	n, street, factor	ry, office	28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLETED	anai .		of my knowledge, death occu					sted. The cause(s) and manner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF ORDER	17	2		DI1443	UMBER	29d. DAT	TE SIGNED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON V Wayne Spigg1	e. MD	912 Seton D		Cumberlan	d, MD 2150	2		
	31. DATE FILED (Morith, Day, Year) AUG 2 0 1991	32. REGISTA	AR'S SIGNATURE						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	e retained by the hospital or attending physician.
TO THE FUNERAL ONECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe hilled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	s 5 should be detached for use as the burial-transit permit. Pa
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				3. TIME OF DEATH	
	EMMA RUTH MINKE								AUGUST	г 1	8, 1	991 2:10 P M	
1	4. SOCIAL SECURITY NUMBER 215 20 7151	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIT (Month Pay. 01-28-	-190	0. BIRTHPLACE (State or Foreign		HPLACE (State or Foreign
1	9a. FACILITY NAME (If not institution, give st	reet and number)			9b, CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	DEATH
TOR	SACRED HEART HOSP	ITAL			С	UMBI	ERLAN	D			A	LLEG	ANY
H.	MD Allegar			10c. CITY, TOWN OR LOCATION Cumberland,								10d. INSIDE CITY LIMITED. 1 YES 7 NO	
٩	100. STREET AND NUMBER	тy		101. ZIP CODE									
FUNERAL DIRECTOR	Route 2 Box 166B	21502						USA					
B	11. MARITAL STATUS 1 Never Married 2 Married MM Widowed 4 Divorced	IED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes of If yes, apecity Cuban, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify:					or No	or No- 14. RACE — American Indian, Black, Whita, etc.					
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE6	CEDENT'S	USUAL O	CCUPATIO	ON ost of working	107	16b. KIND	OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)			& Op		ost of working tor		Re	esta	uran	t		
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles Henry Sturtz 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cora Jane Martz												
TO B	19a. INFORMANT'S NAME (Type/Print) C. Michael Mink	ce, Sr.	19b						21502		o, State, Zh	o Code)	
	20e. METHOD OF DISPOSITION Y Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE Green	AND DAT	TE OF DISP	osition met	(Name Ery		8-21	goc. Loc Cumic	erla	and,	MD State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1.	22	car	errs	SS PE FAC	eral H D 2150	ome			
	yours 4	Mica	MOLL	1									
	23. PART I Enter the disease, or of shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Coro	NAUL (OR AS A CONSEC	nte	in		isea		i sa caldisc c	or respir	atory ar	rost,	Approximate Interval Between Onset and Death
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST												
S		d											
MEDICAL	PART II. Other algorificant condition Confusion Ve J Recu	esuiting	PER					PERFOR	ORMED? AWAILABLE PRIOR TO		COMPLETION OF CAUSE OF DEATH?		
ž			0										
000	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 TYES 2 NO	HOSPITAL:			OTHE	R:			eck only one)				
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		28b, TII	_	28c. IN.	JURY AT DRK? YES 2 [8 Other (Spe 28d. DESCRIB		NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined		OF INJURY — AI ho	me, farm,	street, fac				281. LOCATION City or Tow	N (Street a	and Numbe	or Rural	Route Number,
COMPLETED	29a. CERTIFIER 1 DEERTIFYING PHYSIONS) 2 MEDICAL EXAMINE												(a) and manner as stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	10	,				29c. LIC	ENSE NUN	IBER		29d. DA	TE SIGNE	D (Monthy Day, Year)
TO B		the	true	100			1	33	280		•	8/1	8/91
F	30. NAME AND ADDRESS OF PERSON WH SUNIL GUPTA, M.D.		SE OF DEATH (ITEI AL MEDIC			ING	CUN	BERL	AND, M	D 2	21502	2	L
	31. DATE FILEDAY G 2 0 1991	ST REGISTRA	M'S SIGNATURE WICKON-Par	delle									

		Į
		١
		ı
		J
		ı
		ı
		ı
		ı
		ı
		ı
		3
		1
		ı
		ı
		ı
		ı
		ı
		1
	aš	I
	5	ı
	900	ı
	_	ı
	40	ı
	0	1
	9	1
	=	1
	2	1
	-	1
	3	1
	-	1
	8	١
	Ē	ı
	-	ı
	0	1
	트	١
	Ē	I
	20	ı
i.	8	J
ž	7	J
Ĕ	2	1
9	9	J
bc	2	1
	=	l
5	2	J
É	=	J
Ĕ	÷.	1
5	5	
0	Ξ	1
लं	-	Į
5	3	J
Ď	e	J
3	E	J
5	2	ı
Ĕ	=	١
22	he	Į
Ĕ	3	J
8	70	1

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART	MENT OF HEA		MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Le MARY		IAYHEW			2. DATE OF DEATH	DAY Y	S. TIME OF DEATH	
10 miles	4. SOCIAL SECURITY NUMBER UNKNOWN	1 🗆 M 2 🗀 XF	62 YRS. M	ONTHS DAYS H	UNDER 24 HRS. DURS MIN.		929	BIRTHPLACE (State or Foreign Country) KEYSER WV	
		re street and number) TON COUNTY		HAGERS		EATH	WASH	INGTON	
DIRECTOR	MD . WAS	NTY HINGTON		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 1 YES 2 □ NO		
FUNERAL	10e. STREET AND NUMBER	ARYLAND AV			21740		10g. CITIZEI	N OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED	J.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGI 2 NO 15 yes, specify Cuban, Maxican, Puerto			(Specify Yea or No- 14. RACE - American Indi		
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most o	f working	166. KIND OF E	BUSINESS/INDUS	тяу	
COMPL	UNKNOWN 17. FATHER'S NAME (First, Middle, Last)		НОП	ISEWIFE 1	B. MOTHER'S NA	H (ME on Sumame)		
BE	JAMES SW 190. INFORMANT'S NAME (Type/Print)	ICK	ADDRESS (Street and		Y F REX		ode)		
5	CLIFTON E 285. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 R		626	MARYLAN OF DISPOSITION (N			STOWN,	MD. 21740	
	4 Donation 5 Other (Specify)	LICENSEE Hagy	nex	MINNI 415 E	CH FUN		Hagerst	own, Md.21740	
	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. TAUGU	AS A CONSEQUENCE-OF	Caren		Holds		Interval Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF):		71				
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.						AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSBITAL:	Dutanting 2 0 000	OTHER:	E OF DEATH (C				
	27. MANNER OF BEATH 1 Natural 5 Pending	28s. DATE OF INJU	IRY 28b. TIME	OF 28c. INJUR	Y AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED	
TED BY	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	28t. LOCATION (Stre City or Town, Str		Rural Route Number,					
COMPLETED	one)	IYSICIAN: To the best of my I						cause(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF PERT		10		D3(a/			1919 (Williams Day, Your)	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O			ор пу	CEDSTOLL	I MD	21740	
	31. DATE FILED A OF CO 26 1			ALINA I	U. IIA	GENSIUWI	N, III.	21/40	

TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the low requires that the law requires that the law requires that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burnal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
---	---	--

ELIZABETH	(First, Middle, Last)	AMERON	75.70	YERS	ICATE OF		2. DATE OF DEATH AUGUST 2		99T	3. TIME OF OEATN 02:55am
4. SOCIAL SECURITY N 217-09-60		5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 17,19			PLACE (State or Foreign
SACRED H	pot institution, give etreet end number) EART HOSPITAL Sb. city, town or location of death CUMBERLAND, MD.						9c. CO			
10a. STATE Md	10b. COUNT Alleg			_	y, town on Loca naconing	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
37 E. Main Street						2. ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTRY?
					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No if yee, specify Guben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					— American Indian, i, White, atc. White
15. (Specification) 15. (Specification) 12. 17. FATHER'S NAME (Fit	(G life	CEDENT'S live kind of a Do NOT us	S USUAL OCCUPATION work done during most of working use retired.)							
Arch	Camero	n	1			Edith	ME (First, Middle, Meider Hanekar	mp		
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Bural Route Number, City or Town, Stete, Zip Code) 37 E. Main St., Lonaconing, Md. 21539										
20g METHOD OF OISP 1 A Burlel 2 Crer 4 Donation 5 0	nation 3 🗆 Ren	noval from State	20b. PLACE of cometany Ma	cremator	of disposition of the control of the		-24-91 Lona			
21. SIGNATURE OF FUN		1 1/ 5			22. NAME A EICH	ND ADDRESS OF FA	enzie Fund d. 21539			
23. PART I. Enter the ahock, immediate CAUSE disease or condition resulting in death)	or haert feilure. (Finel	e. B	ise on each line	aje	Carco		ch sa cardiac or resp	piratory e	rreet,	Approximata Interval Betwee Onset and Deat
Sequantielly list co	nmediats RLYING Injury	C	(OR AS A CONSE							
cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)									Y 24b	WERE AUTOPSY FINDING
cause. Enter UNDE CAUSE (Disesse or that initiated events resulting in death)	Ificant condition	tructive Hypo		-		g cause given in		RMEO?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Cause, Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign Chro Bro 25. WAS CASE REFERR EXAMINER?	ificant condition with object to MEDICAL	HOSPITAL:	they orde	disc	asc; h	LACE OF DEATH (C)	PERFO	RMEO?		COMPLETION OF CAUSE OF DEATN?
Cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign Chro Bro 25. WAS CASE REFERR EXAMINER? 1 YES 2 ARI 27. MANNER OF DEATH 1 Netural	ifficant condition in the second in the seco	HOSPITAL: 1 Chapetlent 2 280. DATE OF Month, E	Lus of they and a	disc	26. P OTHER: 4 Nursing Hor RE OF 28c. IN WWW. W	LACE OF DEATH (C)	PERFO	PRMED?	CCURED	COMPLETION OF CAUSE OF DEATN?
Cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign Chro- Bra- 25. WAS CASE REFERR EXAMINER? 1 YES 2 NOT SHOULD BE SH	ificant condition with object to MEDICAL	HOSPITAL: 10 Inpetient 2 [280. DATE OF (Month, E) 280. PLACE OF	ER/Outpatient:	3 DOA 28b, TIN	26. P OTHER: 4 Nursing Hor RE OF 28c. IN WWW. W	LACE OF DEATH (C) THE S Residence JURY AT PIK? YES 2 NO	PERFO 1 YES heck only one) e Other (Specify)	INJURY O		COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
25. WAS CASE REFERREXAMINER? 1 YES 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only 1 or 1 or 1 or 1 or 1 or 1 or 1 or 1 o	eD TO MEDICAL S Pending Investigation CERTIFYING PHY:	HOSPITAL: 1 Supstient 2 E 28e. DATE OF (Month, E) 28e. PLACE C building.	ER/Outpatient : INJURY ay, Vear) FINJURY — At hetc. (Specify)	d (SC	26. P OTHER: 4 Nursing Hor HE OF 28c. IN JURY W 1 street, factory, officered at the time, date	LACE OF DEATH (CI	PERFO 1 YES 1 YES Check only one) Chyor (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) e to the cause(a) end many	INJURY O	er or Rural I	COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO

Conaconing

32 REGISTRAN'S SIGNATURE
GOLLA DEVIDENT AND LEE

OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within the family after death. Page 8 may be retained by the hospital or attending physician.

A LONE TOP: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be considered that the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If the construction is a shown any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENI
CERTIFICATE OF DEATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND		YGIENE IEG. NO.	
1. DECEDENT'S NAME (First, Middle, Lest) Ruth Romaine I	Martin			2. DATE OF MONTH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-05-0643 9e. FACILITY NAME (If not institution, give st	1 □ M 2 5 F 7 6	5 YRS. MON	C. NO. 123N (38)		19915 M	BIRTHPLACE (State or Foreign Country) aryland
Westminster Nu	,	(1+-4	Westmin:		%. county Car	roll
Maryland County	arroll	100.01.1	estminster		(2)	10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1234 Washing	ton Rd.		101, ZIP CODE 21157		100	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Xidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 YES 2 NO Specify	can, Puerto Rica		RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Laundry	done during most of working ired.)	13-17-17	of Business/INDUS	al Laundry
17. FATHER'S NAME (First, Middle, Leet) Howard Scott	Bachman			AME (First, Midde e Lees	le, Melden Surname)	· · · · ·
198. INFORMANT'S NAME (Type/Print) Larry E. Martin	n	19b. MAILING ADD	PRESS (Street and Number or Rura 5 Littlestor	n Pik	City or Town, State, Zip Co e Westmi	mster, Md.
20s. METHOD OF DISPOSITION 15 Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	P. P.		N (Name of cometery, crematory or Valley Cemet	tery	20c. LOCATION — CITY Pleasan	or Town, Stata t Valley
21. SIGNATURE OF FUNERAL SERVICE LIC	Fletcher	/	Fletcher I	Funera		21157 inster, Md.
iMMEDIATE CAUSE (Final disesse or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):) Tumo,	R - 1	NENIN	19 10mm
PART II. Other significant condition	s contributing to death be	ut not resulting in th	na undarlying cause given i		e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ 01	26. PLACE OF DEATH (<u> </u>
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		_	pecify) IBE HOW INJURY OCCUI	RED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atree	t, factory, office		ON (Street and Number or own, State)	Rural Route Number,
and and			the time, data and place, and do my opinion, death occured at ti			
29b. SIGNATURE AND STILE OF CERTIFICA	sille.	Mã.	29c. LICENSE N	UMBER 099	29d. DATE S	IGNED (Month, Day, Year)
MANUEL T	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	Muxuy,	Red o	U357m	INSTERM
SEP 3 9 (Month, Pay Your)	STATE DEVICES	Allholde	U			

i.

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIFICAT	IT OF HEALTH AND	REG. NO.		
	EDWARD	J. Mcko	NN	i Francisco	MONTH DA	YE.	3. TIME OF DEATH
		5. SEX 6. AGE (In yrs. 66		ER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Pey, Mear) Sept. 4,19	8.5	BIRTHPLACE (State or Foreign County) Maryland
DIRECTOR	Ba Hi move County C RESIDENCE OF DECEDENT	Control of the Contro	al B	altimore C		Balt	imore
DIRE	Md Balt:	imore	18c. CITY, TOWN	ings Mills			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10. STREET AND NUMBER 13 Byway Ro	oad		101. ZIP CODE 21117			OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYPES 2 [IF YES GIVE MAR OR DATES		3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	can, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don iite. Do NOT use retired Plumber	ne durina most of workina	16b. KIND OF BUS		Plumbing
	17. FATHER'S NAME (First, Middle, Last) George McKar	nn			AME (First, Middle, Melden Theresa F. S		er
TO BE	19a. INFORMANT'S NAME (Type/Print) Mary McCarrahe:	r	19b. MAILING ADDRE	ss (Street and Number or Aura x 61 Phoenix	I Route Number, City or Town	n, State, Zip Coo	160
	20a. METHOD OF DISPOSITION 1.0 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State 20b. PLA of cemet Lake	CE AND DATE OF DIS	SPOSITION (Name	DATE 20c. LO 3, 1991 Syk	CATION — CHy esville	or Town, State
	21. SIGNATURE OF FINANCIAL SERVICE LICE	naee	2	2. NAME AND ADDRESS OF			21117
	IVA Lell	liand			eral Chape		
	IMMEDIATE CAUSE (Final	propilections that caused that ist only one cause on sech ist only one cause on sech is the control of the cont	death. Do not ent line.	11605 Reiste er the mode of dying, au	erstown Rd.	Owing	Approximate interval Between
ERTIFICATION	ahock, or heart fallure. L	ist only one cause on sech i	death. Do not ent line. Lateral SEQUENCE OF): 1+15 SEQUENCE OF): Failur	11605 Reiste er the mode of dying, au Myocardi	erstown Rd.	Owing	Approximate interval Between
CE	ahqck, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON POLICE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON	death. Do not entitle. Lateral SEQUENCE OF): LTS SEQUENCE OF): Fallur SEQUENCE OF):	11605 Reiste er the mode of dying, au Myocardii	erstown Rd. erstown Rd. action as cerdiac or reapi	Owins ratory arrest, tow	Approximata interval Betwee Onset and Deat
CE	ahqck, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERCLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Anterior DUE TO (OR AS A CON PANCYCA + DUE TO (OR AS A CON REMAL DUE TO (OR AS A CON Contributing to deeth but no	death. Do not entine. Lateral SEQUENCE OF): Fallur SEQUENCE OF): Ot resulting in the	er the mode of dying, au Myocardia	erstown Rd. ich aa cerdiac or reapi al Injara in Part I. 24e. WAS AN PERFOR 1 YES 2	Owins ratory arrest, tow	Approximate interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onse
PHYSICIAN: MEDICAL CE	ahqck, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CON POWER A CON DUE TO (OR AS A CON DUE TO (OR AS A CON CONTRIBUTING TO GENERAL CONTRIBUTING TO GENERAL CONTRIBUTING TO GENERAL	death. Do not entitle. Lateral SEQUENCE OF): Failur SEQUENCE OF): To resulting in the	26. PLACE OF DEATH (CER: underlying the bound of dying, au 26. PLACE OF DEATH (CER: unraing Home 5 Residence	ich aa cerdiac or reapi	AUTOPSY MADO	Approximata Interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onse
CE	ahqck, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CON DUE TO	death. Do not entitle. Lateral SEQUENCE OF): TALS SEQUENCE OF): Fallur SEQUENCE OF): Ot resulting in the 1 3 DOA 4 DTH 28b. TIME OF INJURY	26. PLACE OF DEATH (CER: LURSING HOME) 28. INJURY AT WORK? 1 YES 2 NO	ich aa cerdiac or reapi	AUTOPSY MMED? NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Pa Place Baltimore 3630 skin

31. DATE FILED (Month, Day,

AUG 30 '91 Julia Davidson Randale L 4 .14 [H I

APPEAR AND THE RESIDENCE OF THE PARTY OF THE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
aw requires that the death cer	s been signed by the attending	ppt. of Health and Mental Hygi	3 shows any injury, or o
ITENDING PHYSICIAN: The I	TOR: After this certificate has	after death with the State De	28 is marked, or item 2
TO THE HOSPITAL OR A	TO THE FUNERAL DIREC	be filed within 72 hours	IMPORTANT: If Item

1. DECEDENTS HAME (FIRE, MICH	Moran,	7	-13		E OF DEATH	2. DATE OF DEATH MONTH		TIME OF OEATH
4. SOCIAL SECURITY NUMBER	5. SEX		E (In yrs. last birthday)	(F UNDE	R 1 YEAR IF UNDER 24 IMS.	7. DATE OF BIRTH	- 9	BIRTHPLACE (State or Foreign
62-05-0765	1 X M 2		76 YRS.	MONTHS	DAYS HOURS MIN.	(Month, Day, Year)		Country) Pennsylvania
9a. FACILITY NAME (If not institute 386) 11. RESIDENCE OF DECED	hofel 3		Chapel I	95. CIT	TOWN OR LOCATION OF		9c. COUNT	Y OF DEATH
	b. COUNTY		10c. C	ITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
Maryland	Harford			Aberd	leen			1 YES 2XXNO
10a. STREET AND NUMBER					101. ZIP COOE		10g. CITIZE	N OF WHAT COUNTRY?
3805 West					21001			S.A.
11. MARITAL STATUS 1	ried FORCI	DECEDENT EVE SES? 1 1 YOU S, GIVE WAR OF			WAS DECENDENT OF HISP. If yes, specify Cuban, Maxi- 1 ☐ YES 2 ☒ NO Specify Cuban, Maxi-	can, Puerto Rican, etc.)	/ee or No— 1	4. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDER (Specify only high	NT'S EDUCATION thesi grade completed)		16a. OECEOENT'	f work done	during most of working	16b. KIND OF B	USINESS/INDU	STRY
Elementary/Secondary (0-12)	1	(1-4 or 6+)	Me. Do NOT	use retired.)				
12	1		<u>Mach</u>	ninis			te_Indu	ustry
17. FATHER'S NAME (First, Middle, Charles						IAME (First, Middle, Meidle)	en Surname)	
19a, INFORMANT'S NAME (Type/		_	10h MAII IN	ADDRES	S (Street and Number or Run	na Inhoff	num State 7th C	Codel
Mrs. Areal M	*				Chapel Rd.	Aberdee		
20a. METHOD OF DISPOSITION			20b. PLACE AND DA	TE OF DISI	POSITION (Name			∠ I U U I ty or Town, State
1 X Buriel 2 - Cremetion :		State	of comptent compatent	or other	nlace)			
4 Donation 6 Other (Spa 21. SIGNATURE OF FUNERAL SE	acify)	<u> </u>	arford Me	22	al Gardens NAME AND ADDRESS OF CARRIED CARRO	ACILITY		, Maryland
4 Donation 6 Other (Spe 21. SIGNATURE OF FUNERAL SE 23. PART I. Enter tha disea ahock, or heart IMMEDIATE CAUSE (Final disease or condition	ERVICE LICENSEE And And And And And And And And And And	ion that cau	Mallo sed the daeth, Do n each lina.	A not ente	NAME AND ADDRESS OF CARRIED CARRO	Funeral cyland 21 och ea cerdiac or rea	Home, 1	P.A. Approximate interval Between
21. SIGNATURE OF FUNERAL SE 23. PART I. Enter the disea ahock, or heart immediate condition resulting in death) Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING	BERVICE LICENSEE AND ABSES, or complication to failure. List only of the complex	DUE TO (OR A	need the death, Done oach line. **LULLET** AS A CONSEQUENCE** AS A CONSEQUENCE**	A A OFF:	. NAME AND ADDRESS OF C arring-Cargo berdeen, Mai	Funeral cyland 21 och ea cerdiac or rea	Home, 1	P.A. Approximate interval Between
4 Donation 6 Other (Spe 21. SIGNATURE OF FUNERAL SE 23. PART I. Enter the disea ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in danth) Sequentially list conditions if any, leading to immediat	BERVICE LICENSEE AND ABSES, or complication to failure. List only of the complex	DUE TO (OR A	need the death. Do n each line. ************************************	A A OFF:	NAME AND ADDRESS OF CARRIED CARRO	Funeral cyland 21 och ea cerdiac or rea	Home, 1	P.A. Approximate interval Between
4 Donation 6 Other (Spe 21. SIGNATURE OF FUNERAL SE 23. PART I. Enter the disea ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	BERVICE LICENSEE AND ABSES, or complication to failure. List only of the complete c	DUE TO (OR A	esed the death. Don each line. **LUSTO** US A CONSEQUENCE** AS A CONSEQUENCE** AS A CONSEQUENCE** AS A CONSEQUENCE**	OF):	NAME AND ADDRESS OF I arring—Cargo berdeen, Man or the mode of dying, au	o Funeral ryland 21 rich ea cerdiac or rea www.lin. A	Home, 1	P.A. Approximate interval Between
4 Donation 6 Other (Spe 21. SIGNATURE OF FUNERAL SE 23. PART I. Enter tha diseasahock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in danth) Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant of the condition of	BERVICE LICENSEE AND AND AND AND AND AND AND AND AND AND	DUE TO (OR A	esed the death. Don each line. **LUSTO** US A CONSEQUENCE** AS A CONSEQUENCE** AS A CONSEQUENCE** AS A CONSEQUENCE**	OF):	NAME AND ADDRESS OF I arring—Cargo berdeen, Man or the mode of dying, au	o Funeral ryland 21 ich ea cerdiac or res	Home, I 001–339 piratory arrest	Approximate interval Betwee Onset and Deat 24b. WERE AUTOPSY FINDING: AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4 Donation 6 Other (Spe 21. Signature of Funeral, Se 23. PART I. Enter the disea ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant of	EDICAL HOSPI	DUE TO (OR A	esed the death. Don each line. **LUSTO** US A CONSEQUENCE** AS A CONSEQUENCE** AS A CONSEQUENCE** AS A CONSEQUENCE**	OF): OF): OTHE	NAME AND ADDRESS OF ATTING—Cargo berdeen, Mainthe mode of dying, at the mode of dying, a	in Part I. 24a. WAS. PERF	Home, I 001–339 piratory arrest	Approximate interval Betwee Onset and Deat 24b. WERE AUTOPSY FINDING: AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4 Donation 6 Other (Spe 21. SIGNATURE OF FUNERAL SE 23. PART I. Enter the disease ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant of the conditions of the co	Bees, or complicati t failure. List only a. All a. C. d. conditiona contributions EDICAL HOSPI 1 Inpet	DUE TO (OR A	ised the death. Done each line. **LULULULULULULULULULULULULULULULULULU	OF): OF): OTHE	NAME AND ADDRESS OF I ATTING—Cargo berdeen, Man rethe mode of dying, at the mode of dying, at the mode of dying at	in Part I. 24a. WAS. PERF	AN AUTOPSY ORMEO?	Approximate interval Betwee Onset and Deat Was a Market Prior To COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
4 Donation 6 Other (Spe 21. SIGNATURE OF FUNERAL SE 23. PART I. Enter tha disea ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in danth) Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in danth) LAST PART II. Other algnificant of the conditions of the cond	BEDICAL HOSPIT 1 Inpet petigetion 28e.	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A)	ased the death. Done each line. **LULULULULULULULULULULULULULULULULULU	OF): OF): OTHE OTHER OTHER OTHER OTHER OTHER M	ANAME AND ADDRESS OF I ATTING—Cargo berdeen, Man rithe mode of dying, at the mode of dyi	or Part I. Check only one) 6 6 Other (Specify) 20 Funeral 21 24a. WAS. PERF 1 YES	AN AUTOPSY ORMED? 2 XNO	Approximate interval Betwee Onset and Deat Was a Market Prior To COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

20b. SIGNAPHRE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

COLFER MS
122. REGISTRAT'S SIGNATURE
FILMA DAVIDSON—ANDRESSE

29c, LICENSE NUMBER

DO 1194 29d. DATE SIGNED (Month, Day, Year) 21034

	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH A		NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	A 4 =	<u> </u>	1			DATE OF DEATH		YEAR 3.	TIME OF DEATH
	Gladus Ma	rie Mc	ionnel	1			08		4	204.5"
			yrs. last birthday)	IF UNDER 1 YEA			DATE OF BIRTH (Month, Day, Year)	911	Country)	CE (State or Foreign
	315-54-0544	_ M 2 🔀 F 8	30 YRS.	MONTHS DAY	'S HOURS		ugust 2,		India	na
	9e. FACILITY NAME (If not institution, give street	end number)	11	9b. CITY, TOV	N OR LOCATION			9c. COUNT	Y OF DEAT	н
8	Shady Grove 1	to vontist	HOSP.	Rock	ville			Mont	gome	ry
DIRECTOR	10a, STATE 10b, COUNTY		I soo CITO	, TOWN OR LO	CATION				140	d. IHSIDE CITY
Ē	10.2411									LIMITS?
	Maryland Montgon 100. STREET AND NUMBER	nery	Roc	kville	10f. ZIP CODE			10a CITIZE		T COUNTRY?
RA				- 1					_	
FUNERAL	724 Harrington Road	WAS DECEDENT EVER IN	II S ADMEO	12 446	20852		PRIGIN? (Specify Yee	-	ed St	Ates American Indian,
	1 Hever Married 2 Merried	FORCES? 1 YES	2 NO	It you	, specify Cuben,	Mexican, Pu		or No-	Bleck, W	hite, etc.
B	3 ₩idowed 4 □ Divorced	IF TES, GIVE WAN ON DA	169	,,,	YES 2 XHO	Specify:			Specify:	White
	15. OECEOEHT'S EOUCATIO (Specify only highest grade comp		16a, DECEDENT'S				16b. KIHO OF BUS	HESS/IHDU	STRY	
삨		ollege (1-4 or 5+)	life. Do NOT us	e retired.)	most of working					
필		4	Homemak	er			Own Ho	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHE	R'S NAME (First, Middle, Maiden	Sumame)		
BE (Harry C. Behlmer				Edr	na Wi	se			
6	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Str	eet end Number or	Rural Route	Number, City or Town	n, State, Zip C	Code)	
	Flora S. Hartman						ockville	, Mary	/land	20852
	20e. METHOD OF DISPOSITIOH 1 Burlel 2 Cremetion 3 Removal	from State 20b.	PLACE OF OISPOS other piece)	ITIOH (Name o	cemetery, cremet	ory or	20c. LO	CATIOH — CI	ity or Town,	State
	2) Donation 5 () Other (Specify)		ontgomer	_	natorium E AND ADDRESS			thesda	a, Ma	ryland
	11.116			Robe	rt A. I	2umph;	rey Fune	ral_Ho	ome/R	ockville,
	Michael C. X	tello	M0084	Rock	ville,	west i	Montgome Iand 20	550-28	305e	ockville,
	23. PART I. Enter the disesses, or com- shock, or heart feliure. List	plications that caused	the death. Do n	ot enter the	mode of dylng	g, such es	cerdiec or reepi	retory arre	et,	Approximets interval Between
	IMMEDIATE CAUSE (Finel	0								Onset and Deeth
	disease or condition resulting in death)	Premo	my							19 day
		OUE TO (OR AS A	CONSEQUENCE OF	7:						
N	Sequentially list conditions, b	0115 70 (07 10 1		_						
CERTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	COHSEQUENCE OF	-):						İ
SE	CAUSE (Disesse or injury thet initiated events	DUE TO (OR AS A	COHSEQUENCE OF	T):						ļ
E	resulting in deeth) LAST									!
S	0								_	1
CAL	PART II. Other aignificent conditions co			n the under		,	t i. 24a. WAS AH PERFOR		AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
	Dodets		cva		gells		1 YES 2	□ но		OMPLETION OF CAUSE DEATH?
ME	· Clother Defice	4 1	to surve	3		domi			1	TYES 2 TONO
ÿ	· blzolemen		12 6I 61	eceling	HBF					
PHYSICIAN: MED		OSPITAL:		OTHER:	8. PLACE OF DEA	ATH (Check	only one)			
YS		Inpetient 2 ER/Outp			Home 5 Resi	-				
	27. MANNER OF DEATH 1 Matural 5 Pending	(Month, Day, Year)	28b. TIM	URY	WORK?		d. DESCRIBE HOW I	HJUHY OCCI	UHED	
BY	2 Accident Investigation	28e PLACE OF INJURY	— At home, form			_	t LOCATION (Street	and Alumber	or Burni Bou	ha Alumhar
ED	4 Homicide S Could not be	Suicide s Could not be Homicide s Could not be determined 28s. PLACE OF IHJURY — At home, farm, street, tectory, office building, etc. (Specify) 28s. LOCATION (Street end Number or City or Town, Stete)							7 TID 67 TID	
COMPLET	29e. CERTIFIER		La de la casa de la ca	4 - 4						
MP	(Check only one) 2 MEDICAL EXAMINER: 0	H: To the best of my knowl								nd manner as stated
8	29b. SIGNATURE AHO TITLE OF CERTIFIER			, my separate						
BE	290. SIGNATURE AND TITLE OF CERTIFIER				Zac. LICEH	SE NUMBER	н	29d, DATE	SIGHEO (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Tune	Print)	Roche	14		- %	1//	<u> </u>
- 1	WILL WILL WILL	THE PERSON OF SELECTION OF SELE	and former will take	. 11119	m/	- (1 3-1			
	9901 MEDIC	· ·	ver &		aly.	n	~ 2085	7 2		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNEXIL ORECODE. After this confinitions have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the detached to the funeral director, page 5 should be detached to the detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director to the fun	in MONOTARY If them 92 is marked on Hear 23 shows any interest or what recovered the control of	notified at once.
Page 6 may b	director, pag		ner must be
rs after death.	by the funera	removal.	חורקו בצפוווו
within 24 hour	npletely filled in	cremanon, or	John, the me
te be executed	sician and con	transfer or	naniiane a
death certifica	e attending phy	ental nygiene	ary, or ourer
quires that the	n signed by th	owe any init	Owe and indi
AN: The law re	ificate has bee	them 23 ch	24
DING PHYSICIA	After this cert	r marked or	o manual.
TAL OR ATTEN	AL DIRECTOR:	M Ham 28 i	
TO THE HOSPI	TO THE FUNER	by live within 72 hours are beaut with the state begit, by health and mental hygiene prior to build, cremation, or removal, iMPORTANT: If them 28 is marked or them 22 shows any infinity or other trainmosts assent the marked as	The second of th
		-	1 3

_	REGISTRAR		CL	ERTIF	ICALE	: OF	DEA	TH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH			3. TIME OF DEATH	_
	Colus D. Matthe	WS							MONTH	DAY		YEAR		
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. las	t hirthday)	IF UNDER	1 VEAD	IF UNDER	04 LIDE	Augus		, 199			М
	417 16 2001	1 M 2 JF		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	y, Year)	1903	Countr	PLACE (Stete or Foreign y)	
	417-16-3981	Λ	88	THO.			1000		April	23,		Alal	oama	
~	9e. FACILITY NAME (If not institution, give a				9b. CITY,	TOWN	R LOCATIO	ON OF DE	ATH		9c. COUN	TY OF D	EATH	
Ö	Manor Care Nurs	ing Cente	er		V	Thea	ton			- 1	Mon	tgor	nerv	
5	RESIDENCE OF DECEDENT											5		_
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
	Maryland Mont	tgomery		Ga	aithe	rsb	urg						LIMITS? 1 YES 2 NO	
4	10e. STREET AND NUMBER					100	. ZIP CODE	F			10- CITI	TEN 05 H	HAT COUNTRY?	_
FUNERAL	127 Christanha		11.0.4											
Z	427 Christophe:		#34				208	-			Uni	ted	States	
교	1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2	MED IO	13. \	WAS DEC	ENDENT O	F HISPANI	C ORIGIN7 (Sp., Puerto Ricen	pecify Year	or No-	14. RACE	- American Indian, White, etc.	
B⊀	3 12 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2 X NO			, 010.)		Spech		
	1171												White	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade		16a. DE	CEDENT'S	USUAL OC	CUPATIO	IN of working		16b. KINI	D OF BUSI	NESS/IND	USTRY		
ш	Elementary/Secondary (0-12)	College (1-4 or 5+	//de	Do NOT us	e retired.)	alling inc	or working	9						
를	9		Ca	shier	_				D,	etail				
ō	17. FATHER'S NAME (First, Middle, Last)						18 MOTE	IED'S NAM	AE (First, Middle					_
	James W. Durden													
H	19e. INFORMANT'S NAME (Type/Print)						М.	De]	lena Co	ourse	ey			
၉			196	MAILING	ADDRESS	(Street e	nd Number	or Rural Ro	oute Number, Ci	ity or Town,	Stete, Zip	Code)	20879	
- 1	Glenda C. Barne	es		427 C	Chris	top	ner A	Avenu	1e, Gai	ither	sbur	a. N	Maryland	
	20e. METHOD OF DISPOSITION 1 Buriel 2 □ Cremation 3 □ Remo		20b. PLACE A	ND DATE C	F DISPOSI	TION (Na	me of	26	, P159	20c. LOC/	ATION — C	Ify or Ton	vn. State	-
	4 Donetton 6 Other (Specify)	over from State	Arline	natory or of	her plece)	ona	Aug	g. 26	, 199	Arl	ingt	on .	Virginia	- 1
	21. SIGNATURE OF FUNDRAL SURVICE LIC	ENSEE .	MITIM	g con				S OF FAC				.011,	VILGINIA	4
	- W/ / /	11	MO	0846	Ro	ber	t A.	Pump	hrey 1	Funer	cal H	ome/	Rockville	, [
	Michael /c.	Ancolns	MO	0040	I II	cky	300	West	yland	gomer	CY AV	enue		Ì
	23. PART i. Enter the diseases, or c	omplications that	caused the dea	ath. Do n	ot enter	the mos	le of dyle	na such	as cardiac	200	00-20	0.5	I Assess to at	-
	ariock, of heart failula.	List only one caus	se on each line.					g, odoli	ad cardiac (or reapire	otory arre	rat,	Approximata interval Batween	n
1	IMMEDIATE CAUSE (Final disease or condition												Onset and Daat	th
ı.	resulting in death)	Recurre	nt Aspi	ratio	on Pr	eum	onia						Years	- 1
H		DUE TO (OR AS A CONSEO	UENCE OF):									\exists
z I		Reflux	Esophag	itis	and	Hyp	onhai	runae	al Duz	cfunc	ation		Years	-1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEO	UENCE OF):	TINE	piid	ynge	ar Dy:	ST UITC	CLOI		rears	\dashv
8	cause. Enter UNDERLYING													- 1
	CAUSE (Disease or injury that initiated avents		OR AS A CONSEO	UENCE OF);								<u> </u>	-
	resulting in death) LAST				•								i	- 1
<u> </u>		1												
- II	PART II. Other significant condition	a contributing to	death but not re	aulting is	n the unc	leriving	Cause G	iven in P	hert I Dan	WAS AN AL	PROPER	1		\dashv
5	Adult-Asthma, Er									PERFORM		1 3	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	5
									1 🗆	YES 2	NO P		COMPLETION OF CAUSE OF DEATH?	
ž∥	vascular Disease	; Atrial	Fibril:	latio	on an	d F	lutte	er-					1 - YES 2 - NO	ı
z	Intermittent, Ga	astric Ul	cer						_					
≤	25. WAS CASE REFERRED TO MEDICAL					26. PL	CE OF DE	ATH (Chec	k only one)					4
PHYSICIAN:	EXAMINER?	HOSPITAL:	ED/Outrettine a f	3000	OTHER							-		\dashv
=	27. MANNER OF DEATH	26e. DATE OF							Other (Spec					
- 10	1 Natural 5 Pending	(Month, Da		26b. TIME INJU		28c. INJU WOF			26d. DEŞCRIBI	E HOW INJ	URY OCCU	JRED		
	2 Accident Investigation				М		ES 2 🗌	NO						- [
	3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At horr	ie, ferm, st	reet, facto	ry, office		-	261. LOCATION	(Street end	d Number o	r Rural Ro	oute Number,	\neg
Ü	4 Homicide determined		ne. (openly)						City or Tow	n, State)				
ון ני	294. CERTIFIER						-					_		4
COMPLET	(Check only one)	JAN: To the best of n	ny knowledge, dea	th occurred	d at the tin	ne, date o	ind place,	and due to	the cause(e)	end manne	er ee stated	d,		
₹ 	2 MEDICAL EXAMINER	: On the basis of exa	mination end/or in	vestigation	, in my op	inion, de	ath occure	d at the ti	me, date end p	elece, end o	due to the	ceuse(e)	end menner ee stated.	4
	296. SIGNATURE AND LITTLE OF CERTIFIER						29c LICER	YSE NUMB	FR		9d. DATE	sowen é	town out	4
	arl Vin	mail	10				D	77	180	1	M. DATE	VI	77791	-
2	30. NAME AND ADDRESS OF PERSON WHO	COMBI MEDICA	000				0	901	100			0/1	0 1	
													20879	
	Alan R. Vinitsky	M.D., 9	02 Wind	Rive	er La	ne,	Suit	e 20)1, Ga:	ither	sbur	q, N	Maryland	
	ST. DATE FILEU (MONIN, Duy, 1987)	32. REGISTRAR	'S SIGNATURE									, -	-7-3334	-
	1522°91 d	Pr. Mainda	-Rando 00											
		- LUCATION	CONTRACTOR OF THE PROPERTY OF											- 1

		once
2		Ħ
2000		notified
diam		Pe
10100		must
te itas peeri signed by the attending pripagate and completely interest and the property page a completely property of the property property and the property property and the property		em 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
an of our	are Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edicai
200	n, or	E 9
L'orond	crematio	vent. th
3	burial.	natic e
Joseph .	prior to	r traun
S Sun	tygiene	r othe
3110	tal	V. 0
200	Me	niur
5	and	W
Signer	Health	WE at
100	. of	she
CD.	Dept	23
21	9	E

STATE OF MARYLAND / DEPARTMENT O	OF HEALTH AN	D MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

THE RECORD THE PART HOLDS AND A CONSEQUENCE OF 1 TO SEASON AND A C		FOR STATE OF MARYLAND / DEPART CERTIFIC REGISTRAR	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
215-20-3705 IX M s F 63 YMS SOUTH		John C. Mears		8 23 DAY	1991 11:33 a
MONTSOMEY GENERAL HOSPITAL THE STATEMENT OF DECEDENT OF DECEDENT OF DECEDENT THE STATEMENT OF DECEDENT		215-20-3705 1X M 2 □ F 63 YRS.	MONTHS DAYS HOURS MIN.	AUGUST 23,192	28 MARYLAND
See, STREET AND NUMBER 196, ZPP COSE 196, CITIZEN OF WHAT COUNTRY? 197, AND STREET AND NUMBER 12 - WAS DECEDENT FOR IN STREET 12 - WAS DECEDENT FOR IN STREET AND NUMBER 12 - WAS DECEDENT	OR	Montgomery General Hospital			
New STREET AND NUMBERS 190. ZPP COOK 20 90 6 190. CTITZEN OF WHAT COUNTRY? 11. MANTAL STATUS 12. WAS DECEDENT EVER M U.S. ARMED PORCES? 1, 10 YES 2 10 11. WAS DECEDENT OF HISPANIC CHIGARY (Paperby Vision of No. 1) 15. WAS DECEDENT OF HISPANIC CHIGARY (Paperby Vision of No. 1) 15. WAS DECEDENT OF HISPANIC CHIGARY (Paperby Vision of No. 1) 15. WAS DECEDENT OF HISPANIC CHIGARY (Paperby Vision of No. 1) 15. WAS DECEDENT OF HISPANIC CHIGARY (Paperby Vision of No. 1) 15. WAS DECEDENT USUAL OCCUPATION (Paperby Vision of No. 1) 15.	DIRECT	10e. STATE 10b. COUNTY 10c. CITY,			LIMITS?
Secondary Seco		10o. STREET AND NUMBER	101. ZIP COOE	10g. C	CITIZEN OF WHAT COUNTRY?
Security Processing (9-18) 148. EXCEDENT SUBJAL OCCUPATION (Place and only highest grades completed) 149. Extended of working most of working most of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and of working flow and working flow and of working flow and working most flow and working flow and working most flow and working most flow and working flow and working most flow and working flow and working flow and working flow and working flow and working flow and working flow and working flow and working flow and working flow and working flow and working flow and		11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico	nn, Puerto Ricen, etc.)	- 14. RACE — American Indian, Black, White, atc.
DAVID MEARS LOTTIE KRAMER	LETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	ork done during most of working retired.)	100000000000000000000000000000000000000	UNDUSTRY
The informant's name (typus/Print) The informant's name (typus/Pr		17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	AME (First, Middle, Meiden Sumeme	
20a. METHOD OF DISPOSITION 3D Burlet 1 20 Cremetation 3 Removal from State 4 Donation 6 Other (Speedy) 31. BIGHARD ADDRESS OF FACILITY 4 PARTI II. Other significant conditions. 1 any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 20. PLACE AND DATE DISPOSITION (Name of cameratory or other place) 20. PLACE AND DATE OF DISPOSITION (Name of cameratory or other place) 20. PLACE AND DATE OF DISPOSITION (Name of cameratory or other place) 21. RAME AND ADDRESS OF FACILITY PRANCIS J. COLLINS FUNERAL HOME, INC. 30. UNIVERSITY BLVD., W., SIL. SP., MD 20.0 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Betton on the cameratory of the place of th		19e. INFORMANT'S NAME (Type/Print) 19b. MAILING	ADDRESS (Street and Number or Rural	Route Number, City or Town, State,	Zip Code)
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnificant conditions PART II. Other algnifica		shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF CAUSE, CIDENCE OF	Anest ordist In		arrest, Approximate Interval Betwoonset and D
27. MANNER OF DEATH 28a. DATE OF INJURY 1 Natural 5 Pending Investigation 2 Accident Properties of Death Properties and Attraction States and Attractio	MEDICAL CER	reaulting in death) LAST d. PART II. Other algnificant conditions contributing to death but not resulting in the second	n the underlying cause given in	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	PHYSICIA	EXAMINER? 1	OTHER: 4 Nursing Home 6 Residence OF 28c. INJURY AT WORK?	8 Other (Specify)	OCCURED
	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, a building, atc. (Specify)			mber or Rural Route Number,
		31. DATE FILED (Month, Day, Year) ALIC 27 201 ALIC 27 2	Rockulk	2. Md	20850

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-cours after death. Page 6 may be retained by the hosp
BALLIMOHE, MAHYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146, By

	FOR	STATE OF MARYL	AND / D	EPARTMEN	ET OF H	EALTH AND I	MENTAL HYGIEN	E	91 241	151	
	1 - STATE REGISTRAR			RTIFICAT			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	asid Thana	Les.	MAN	DES		2. DATE OF DEATH DA		ar 945	PM	
	4. SOCIAL SECURITY NUMBER								BIRTHPLACE (State or Fore	ign	
	579-46-6581	1 x M 2 □ F 73	11	YRS. MONTHS	DAYS	HOURS MIN,	(Month, Day, Year)	(Country) REECE		
OR	SB. FACILITY NAME (If not institution, give atreet and number) 96. CTY, TOWN OR LOCATION OF DEATH 4Loly Cross Itospital 1500 Forest Glin Pd S.S. Ind. 20910 Montsomery										
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CIT			TON		10d. INSIDE CITY			
<u>a</u>	MARYLAND MON	TGOMERY		SII	LVER	SPRING			1 YES 2 N	Ю	
AL	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITtZEN	OF WHAT COUNTRY?		
FUNERAL	10102 FOREST G	ROVE DRIVE				20902		US.	A		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARME	D 1			NIC ORIGIN? (Specify Yes	or No— 14.	RACE — American Indian Black, White, atc.	١,	
	1 Never Married 2 Married	IF YES, GIVE WAR OR DA				2 NO Specify	n, Puarto Rican, atc.) y:		Specific:		
BY	3 Widowed 4 Divorced					**			WHITE		
9	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	DENT'S USUAL kind of work don	e during mo		18b. KIND OF BUS	SINESS/INOUST	RY		
LET	Elamentary/Secondary (0-12)	College (1-4 or 5+)		NOT use retired							
COMPL	12		HOTE	L/BANQ	JET W	AITER	HOTEL				
\bar{g}	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
ш	PANAGIOTIS	MANDES				EFTEHIA		TSIKAL	IOTIS		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. A	ALLINO ADDRE	SS (Street i	and Number or Rural	Route Number, City or Town	n, State, Zip Coo	20902		
F	VASILIKE MANDES (WIFE) 10102 FOREST GROVE DRIVE, SILVER SPRING, MARYLAND										
	20s. METHOO OF DISPOSITION 1 T Burlai 2 Cremation 3 Ram			DISPOSITION		netery, crematory or			or Town, Stata		
	4 Donation 5 Other (Specify)			•	EN CF	METERY	SILV	ER SPR	ING, MARYLA	AND	
	21. SIGNATURE OF FUNERAL SERVICE LA						LINS FUNER				
	> Sundy	JC40 L							SP., MD 20	090	
	23. PART I. Enter the diseases, or			h. Do not ant	ar tha mo	da of dylng, auc	h aa cardiac or reap	ratory arrest	, Approximat	ta	
	A STATE OF THE PARTY OF THE PAR	List only one cause on a	ach Ilna.						Interval Bet Onset and		
	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
_	Sequentially list conditions Carcinoma of the lung, non small cel 4 months										
RTIFICATION	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):										
Ϋ́	cause. Entar UNDERLYING				0						
표	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUE	ENCE OF):							
E	resulting in death) LAST	4									
CE		u.									
AL	PART II. Other algolficant condition	na contributing to death b	ut not rea	ulting in the	undariyin	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO		
MEDICA	Ayper Klasen						1 _ YE\$ 2	- 4	COMPLETION OF CA		
Æ	alial kfrie	Willen 1						•	1 YES 2 NO	0	
	dielelen 11	10h Sun									
A	25. WAS CASE REFERRED TO MEDICAL	CALL PART			26, P	LACE OF DEATH (C)	week only one)				
SICIAN	EXAMINER?	HOSPITAL:	patient 3 🗆	DOA A DA		se 5 - Secidence	8 Other (Specify)				
PHY	27. MANNER OF DEATH	28s. DATE OF INJURY		28b. TIME OF	_	JURY AT	28d. DESCRIBE HOW	NJURY OCCUR	NED .		
	1 Netural 5 Pending	(Month, Day, Year)		INJURY		YES 2 NO					
84	2 Accident Investigation 3 Suicide 8 Could not be	actory, offic		281. LOCATION (Street	and Number or	Rural Route Number					
<u> </u>	4 Homicide a Could not be	building, atc. (Spec	cify)	,,			City or Town, State		- arrivery		
ET	29a. CERTIFIER				_						
AP.	(Check only	SICIAN: To the best of my know									
COMPL	2 MEDICAL EXAMIN	ER: On the Obers of examination	n and/or Inv	vetigation, in m	y opinion,	death occured at the	time, data and placa, ar	nd dua to the c	ause(a) and manner as ete	sted.	
E	296 BIGHATUNE AND TITLE OF CERTIFIE	1// 1/		1 1		59 LICENSE NU	MBCH	29d. DATE SI	IGNED (Month Day, Year)		

SI BEGISTRAN'S SIGNATU

91

AUG

notified at

examiner must be

COMPLETED BY

BE 2

(Check only one)

PHYSICIAN: MEDICAL CERTIFICATION

Sequentielly liet conditiona,

If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

BALTIN	eath. Pa	uneral	amine
BA	after de	noval.	cal ex
	SUL	ed in the	med
U	ST III	ely fill nation	, the
6,	d with	mplet crer	rven
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execute	and co	matic
ŏ	te be	Sician prior 1	trau
8	rtifica	og phy Jiene	other
0.	ath ce	tendir al Hyg	5
)S,	the de	d Memt	Injury
봈	that	th an	any
ပ္ထ	quires	n sign	SW0
E.	aw re	s bee	3 84
Z	The	ate ha	E E
5	CIAN:	ertific the St	0 1
OF	HAS	with 1	ked,
N	NING F	Affer	Шас
<u>S</u>	TENC	TOR:	28 is
2	DR AI	DIREC	Hem
	PITAL	FRAL 72	=======================================
	FOS.	FUN	TAN
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a function of the death. Pr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examine

													9		247		
	1 - FOR STATE REGISTRAR		STATE OF M		DEPAI						YGIENI EG. NO.						
	1. DECEDENT'S NAME (First	Middle, Last),	AW		MI	NU	VA	LL	A	2. DATE OF MONTH	EATH DAY	//	YEAR	3. TIME O	OSA M		
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B (Month; Day	HRTH V Mari		6. BIRTH		te or Foreign		
	212-96-004	.8	1)(X M 2 □ F	91	YRS.	MONTHS	UAYS	HOURS	Retro.	Jan. 2	, 19	00	Pak:	istar	1		
	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATION	ON OF D	EATH		9c. COU	INTY OF DE	ATH	(-0)		
5	14224 Shor		Drive			Si	lver	Spr	ing			MI	ONT	60	MER)		
	10a. STATE	10b. COUNT	Υ		10c. Cl	ry, town o	OR LOCAT	ION					T				
5	Maryland	Mont	gomery		Sil	Lver	Spri	.ng					10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
1	10e. STREET AND NUMBER						101	. ZIP CODI	E			10g. CIT	IZEN OF W	HAT COUR	ITRY?		
	14224 Shore	ham Dr	rive							20905		Pa	kist	an			
ם יכו	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE.				AMED NO		It yes, sp			en, Puerto Ricer	17 (Specify Yea or No— 14. RACE — American Indian, Black, White, etc. Specify: White						
3		CEDENT'S EDU			ECEDENT'S				v2	16b. KIN	D OF BUS	INESS/INI	DUSTRY				
	Elementary/Secondary (College (1-4 or 5	+) #	fe. Do NOT t	isor of Billing Bank											
1	17. FATHER'S NAME (First, A	fictella (aat)		Jour	er. AT	201, (I D.	Y		Dalik B NAME (First, Middle, Malden Surname)							
3	Cawasjee N		la							a Golwa		surriame)					
	19a, INFORMANT'S NAME (1						Route Number, C							
	Hosheder N	<u>/inwall</u>	la		1422	4 Sho	reh	am Di	rive	, Silve	er Sp	pring	g, MD	209	05		
	20s. METHOD OF DISPOSIT	NON 3 Rem	ovel from State	other.	E OF DISPO				natory or				City or Tox				
	4 Donation 8 Other	r (Specify)		Subi	rban	_					Sil	er S	Sprin	g, Ma	aryland		
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	2		Re	NAME A	ADDRE	ss of F	Service	es. F	. A.					
	· C.ll	en	W.K	app)					ue, Si				MD 2	0910		
	23. PART I. Enter the d shock, or h		complications the			not anter	the mo	de of dy	ing, suc	ch ae cerdiac	or reapl	ratory sr	rrest,		roximete rval Between		
	IMMEDIATE CAUSE (FI	nel	1-	1., ,	7	- 11-	/	- 1	0		11-		D		at and Daeth		
	disease or condition resulting in death)	\rightarrow	. ZEN	ILE			NI	14	Ur	ALZ	MEI	MA	12/	性儿	> YKS		
- 1	1		DUE TO	(OR AS A CONS	POUENCE (DF):									*		

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? DA (AUG & 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF OEATH 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a. CERTIFIER

1 X CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated.

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.

2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner.

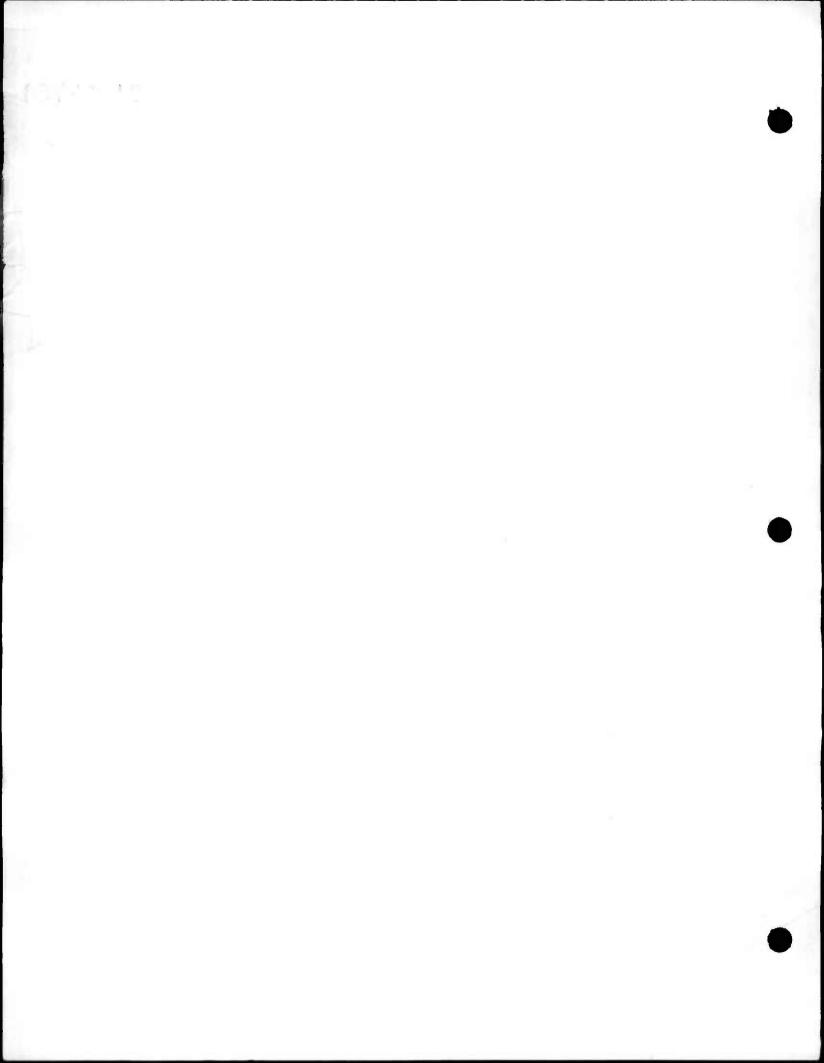
24a. WAS AN AUTOPSY PERFORMED?

250. SIGHTATORE AND TITLE OF CENTIFIER	LTT .	29C. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, 16
Al Colopins. It Gerding	Thysician	D 18084	18/22/91
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	^	
D. D. PATEL, M.D. 6/2	I MONTROSE R	20, ROCKVILLE, 1	MD 20852
31. DATE FILED (Month, Day, Year) 32. PEGISTRAP'S S	MONATURE	,	
AUC 27 101	land Brando DO		

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 22-nours after death. Page 6 may be retained by the hospitations are supported by the positive statement of the property of the propert	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the find within 72 hours after death with the State Dent, of Health and Mental Hydrene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within 2ours aft	pletely filled in by cremation, or remo	rent, the medica
rtificate be executed	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the fire sind within 72 hours after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	ther traumatic ev
s that the death cer	ned by the attending	any injury, or o
N: The law require	State Deof. of Hea	item 23 shows
ENDING PHYSICIAL	R: After this certif	is marked, or
DSPITAL OR ATTENDS	INERAL DIRECTO	INT: If item 28
TO THE M	TO THE R.	MPORT

	FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEPA CERTIF	RTMENT OF	F HEALTH AND I		YGIENE EG. NO.		91 2	4758	
	1. DECEDENT'S NAME (First, Middle, Last)	Julia	C. Mayo			2. DATE OF I	DEATH DAY	_	YEAR 3. TIME OF	DEATH M	
	4. SOCIAL SECURITY NUMBER 229-56-4397	5. SEX	6. AGE (In yrs. last birthday) 48 YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF E (Month, Da	y, Year)		BIRTHPLACE (State Country)		
	9a. FACILITY NAME (If not institution, give s	/\	40 110.	9b. CITY, TO	WN OR LOCATION OF DI	Nov. 3			Virginia		
E I	9402 Slow Rain Wa			Columbia					ard	1	
בַּ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C	10c. CITY, TOWN OR LOCATION 10d, INSIDE					E CITY		
DIRECTOR	Maryland Howa		olumbia 1 urs:					37			
	10s. STREET AND NUMBER				10f. ZIP CODE	•		TRY?			
FUNERAL	9402 Slow Rain Wa	<u> </u>				.046		United States			
}a	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	2 Married FORCES? 1 YES 2			B DECENDENT OF HISPA B, specify Cuban, Maxica YES 2 A NO Specif		or No— 1	4. RACE — America Black, White, etc. Specify: Black	n Indien,		
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'	f work done duri	PATION ng most of working	16b. KIN	ID OF BUSI	NESS/INDU	STRY		
빌	Elementary/Secondary (0-12)	College (1-4 or 5 -		arian		1.0	S. /	Δrmv		1	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			di Idii	18. MOTHER'S NA						
BE C	Ulysses G. Mayo				Annie	Crane					
စ္	19a, INFORMANT'S NAME (Type/Print)				Moophon Ct					10120	
	Mary A. Horner				Mascher St	reet,			ty or Town, Stata	19120	
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	Suburban	Cremat	cory		Silve	er Sp	ring, Ma	ryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2	22, NA Rap	ME AND AODRESS OF FA	Servic	es, F	P. A.			
	· allen	V. K	app		Gist Aver				ng, MD 2	0910	
N	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions,	List only one cau							Inter	vai Between et snd Death	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	to immediate NDERLYING e or injury DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other aignificant condition	na contributing to	death but not resulting	g in the unde	rlying cause given in	Part I. 24	a. WAS AN A		24b. WERE AUTO		
DICAL						1	PERFORM		AVAILABLE COMPLETIO OF DEATH?	ON OF CAUSE	
ME						_			1 TYES	2 🗌 NO	
AN					26. PLACE OF DEATH (C	heck only one)					
PHYSICIAN: MED	EXAMINER? 1 YES 21 NO	HOSPITAL: 1 Inpetient 2	☐ ER/Outpetient 3 ☐ DOA	OTHER:	Home 5 Desidence		pecify)				
ВУ РНУ	27. MANNER OF DEATH Natural 5 Pending Nacident Investigation	28a. DATE Of (Month, L		NJURY	ic. INJURY AT WORK?	28d. DESCR	IBE HOW IN	JURY OCCI	JRED		
G	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At home, fam , atc. (Specify)	i, street, tactory	, office	26t. LOCATIO City or To	ON (Street ar lown, State)	nd Number o	or Rural Route Numbe	PK	
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYS		f my knowledge, death occu examination and/or investiga							er na stated.	
TO BE	396. SIGNATURE AND TITLE OF CERTIFIE	hers.	h.D.		29c. LICENSE NU	MBER 383		≥ 8	SIGNED (Month, Day)	7 /	
	30. NAME AND ADDRESS OF PERSON WI	m.D.	9501 Old AR'S SIGNATURE	Pe, Print)	apolis R	d.; 6	21113	04	city.m	9 510Y=	
	AUG 23 '91	Julia	Murdson-Abodel	2							

DHMH-16 Rev 1/89



Z mours after death. Page 6 may be	filled in by the funeral director, page	tion, or removal.	the medical examiner must be
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mouns after death. Page 6 may be	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be in

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR KARA L. 4. SOCIAL SECURITY NUMBER 8. SEX IF UNDER 1 YEAR 6. AGE (In vrs. lest birthday IF UNDER 24 HRS. 7. DATE OF HTF B. BIRTHPLACE 1 | M 2 | 9b. CITY, TOWN OR LOCATION OF DEATH OC. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT Am Con 10c CITY TOWN OR LOCATION CH. INSIDE CITY 10a. STATE 10b. COUNTY 1 VES 2 NO Montgomery Woodbine 100. STREET ON NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10t. ZIP CODE 3340 Daisy Road 21797 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cubert, Maxicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED RACE — American Indian, Black, White, atc. FORCES? ORCES? 1 YES 2
YES, GIVE WAR OR DATES 2 NO 1 Never Merried 2 Merried BY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION ISS. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First. Middle. Meiden Sumeme. TO Richard Merkel H notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, 2 Richard Merkel 3340 Daisy Road Woodbi 20e. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 0b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Donation 5 Other (Specify) Silver Spring, Md <u>Heaven Cemeterv</u> examiner Hines/Rinaldi Funeral Home 11800 New Hampshire Ave., Sil. Spr. Md. 20904 102 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardisc or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Intarval Batween Onset and Daeth IMMEDIATE CAUSE (Finel the diseese or condition Trasom resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): or other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST in ury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPIAL: OTHER: 1 YES 2 NO atlent 2 - ER/Outpatient 3 - DOA me 5 - Residence 8 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 284. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 is 8 Could not be COMPLETED 4 Homicide Item 29a, CERTIFIER 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 2 ___MEDICAL_EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner ee stated. E AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day Year) BE mo-32735 0 ED CAUSE OF OEATH (ITEM 27) (Type, Print) 2085 '9

who Davidso

64.12.12

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the funeral director, page 5 should be detached the companion or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
by th	2	at
peu	pino	led
retai	5 sh	T T
y be	age	pe
ma	tor, p	tsn
age (direc	E
e.	eral	- E
deal	fun e	еха
after	by th	cal
OUIS	In t	ned
24 h	filled	he
thin	etely	T,
M Di	dmo	eve
ecuti	nd c	atic
8	ian a	E E
ate	hysic	T.
ertific	d bu	othe
E C	tendi	0
e des	he at	LL,
at th	by t	y in
as th	paul the	a
quire	A Pa	MOL
aw re	s pee	3 8
The	e ha	E
AN:	ificat	- 16
SICL	Cert	d, o
F	this this	arke
DING	Afte	8 m
TEN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and marks and physician and completely filled in by the fire which and the physician of personal physician and physician physician and physician physician and physician	28 1
A HI	IREC	2
AL D	ALD	1 2
SPIT	NER	Ë
E HO	E FU	HTA
HO	五章	MPO
Ħ	F 2	5 =

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.				
1. OECEOENT'S NAME (First, Middle, Last) GUY AL	GUY ALFRED	MOORE, JE	,		2. DATE OF DEATH MONTH DAY OB - ZO	-9/	3. TIME OF DEATH 0 040		
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
578-46-5721	1 X M 2 - F	55 YAS.	PUNTHS DAYS	HOURS MIN,	AUG. 29, 1935		HINGTON, D.C		
9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
FREDERICK ME	MORIAL HOS	PITAL	FREDE	RICK		FREDER	CK		
RESIDENCE OF DECEDENT									
10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND FREDERICK MT. A TRY 10d. INSIDE CITY LIMITS?									
MARYLAND FREDERICK MT. AIRY 100. STREET AND NUMBER 100. ZIP CODE 100. CITIZEN O									
7708 HARVEST H	12. WAS DECEDENT EVE		40 4040 404	21771		USA			
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO	If yes, sp	ecity Cuben, Maxico	NIC ORIGIN? (Specify Yes or in, Puerto Rican, etc.) ly:	or No— 14. RACE — American Indian, Black, While, etc. Specify: WHITE			
15. DECEDENT'S EDU		16a, DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF BUSINE	SS/INDUSTRY			
(Specify only highest grade completed) (Give kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 5+) If Do NOT use retired.)									
12		CAR SAL	ESMAN		KRYSTAL (CADILLA	AC .		
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)									
GUY ALFRED MOORE	, SR.			GR	ACE MORGAN				
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town, S				
PATRICIA A. DiPLA	CIDO (DAUGH	TER) 25 CH	ERRY BE	ND COURT	GERMANTOWN.	MARYI	AND 20874		
PATRICIA A. DiPLACIDO (DAUGHTER) 25 CHERRY BEND COURT GERMANTOWN, MARYLA 20a, METHOD OF DISPOSITION 20b, PLACE AND OATE OF DISPOSITION (Name of samplery, or other place) 20b, PLACE AND OATE OF DISPOSITION (Name of samplery, or other place)									
1 M Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) FORT LINCOLN CEMETERY 8/23 BRENTWOOD, MARYLAND									
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF FA	ICII ITY				
· Our!	Stul				LLINS FUNERA Y BLVD.,W. S				
disesse or condition a. MULTIPLE INJURIES DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
	d								
PART II. Other significant condition	na contributing to deat	h but not resulting in	the underlylr	g csuse given in	Part I. 24a. WAS AN AU PERFORME		Ib. WERE AUTOPSY FINDING AVAILABLE PRIOR TO		
					1 TES 2	NO	OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL									
EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C					
1 YES 2 NO	1 Inpatient 2 ER/C				6 Other (Specify)	+ 26	2		
1 Netural 5 Pending	(Month, Day, Yea		IRY W	JURY AT ORK?	Thrown I		CAK		
2 Accident Investigation	08 14 340 81 ACE OF IN II	URY — At home, farm, at	M 1		-				
3 Suicide 6 Could not be 4 Homicide datarmined	building, etc. (Specify)	reet, factory, one		28f. LOCATION (Street and City or Town, State)	Number or Hure	i Pioute Number,		
Torrow willy					a to the cause(a) and manne e time, data and place, and d				
29b. SIGNATURE AND TITLE OF CERTIFIE			, in my opinion,						
Robert R1	Role.	to MD		D098	67	08/	20 /9/		
30. NAME AND ADDRESS OF PERSON W	ERTS #	DEATH (ITEM 27) (Type,	774 S	+ Fre	derick.	Md :	21701-459		
AUG 22 91	32. REGISTRAR'S S								

And the second of the second o

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -

	HEGISTHAN				CERT	IFICAL	E OF	DEAL	Н	R	EG. NO.				
	1. DECEDENT'S NAME (First, Mic MARIE	ddle, Last)	D.				MAD	IGAN		2. DATE OF E	DEATH DA		YEAR	3. TIME OF OEATN	
	4. SOCIAL SECURITY NUMBER	-								08	16	19		10:20 A	M
			5. SEX		yrs. lest birthd	MONTH	DER 1 YEAR	HOURS	24 HRS.	7. DATE OF B (Month, De	v. Year)		8. BIRTNI Country	PLACE (State or Foreign	1
	579-38-3855		1 M 2 XF	67	YR	S.		100000		Mar.	20,	1924	Wash	ington, I	C
~	9a. FACILITY NAME (If not institut		,	+		9b. Cl		OR LOCATION		ATN			NTY OF DE		
DIRECTOR	HOME-4906	_	WAY OR	LIVE			В	BETHE	SDA			MON	1TGO	MERY	
E C	RESIDENCE OF DECED	DENT b. COUNTY			10c	CITY, TOWN	1001004	7:01:							
E		Montg	omery			Beth	200	LIMITS?							
	10e. STREET AND NUMBER	-	-			De c		· · · · · · · · · · · · · · · · · · ·	1 □ YES 2 😿 NO						
FUNERAL	4906 Greenwa	v Dri	170				10	101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY?							
N I	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED							20816 United States B DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian.							
T	1 X Never Married 2 Marr		FORCES? 1	YES	2 X NO	13	If yes, sp	pecify Cuban,	, Mexican,	, Puerto Rican	pecify Year i, atc.)	or No-	14. RACE Black,	- American Indian, White, atc.	
B	3 Widowed 4 Divorced	1	IF YES, GIVE W	AR OR DATE	ES		1 TYES	S 2 📉 NO	Specify:				Specify	White	
		NT'S EDUCAT		1	18a. DECEDEN	T'S USUAL	OCCUPATI	ION		456 KINI	D OF BUS	THE STATE OF THE S		WILLCE	_
COMPLETED	(Specify only high Elementary/Secondary (0-12)		College (1-4 or 5 +		(Give kind		e durina mo	ost of working	1	Poto. Parse	U OF BUS	INE 35/INL	OUSTRE		
교	,		2	"	Admini	strat	tive	Assis	stant	U.S	. Go	vern	ment		
Š	17. FATNER'S NAME (First, Middle,	a, Last)								E (First, Middle					
	John J. Madi	gan								Lillia			es		
BE	19a. INFORMANT'S NAME (Type/F	Print)			19b MAIL	ING ADDRE	ee /Cireal			oute Number, C			-,		
2	Patricia M. C.									Spring				2150	
	20s. METNOD OF DISPOSITION			20h P	LACE AND DA				iu, L						_
	1 X Buriel 2 Cremation 3 4 Donation 5 Other (Spe	3 Remove	al from State	cemete	ery, crematory	or other place	e)		/20	DATE			City or Tow		
	21. SIGNATURE OF FUNERAL SE		SEE .	PIC	. Oliv				3/20/		was.	hing	ton,	D.C.	
	101	1	1		M001	RC	bert	A. P	ŭmph	rey F	uner	al He	ome/		
	23. PART I. Enter the disease	4	Jan	ah		98 75	557 W	Viscon	sin	Ave.	Beth	esda	, MD 2	20814-3501	L
7	shock, or hasn	ranure. Lis	ATHO	nos c	in iina.	MIC								Interval Betwe Onset and Dad	
CERTIFICATION	Sequentially list conditions, If any, laading to immediata DUE TO (OR AS A CONSEQUENCE OF):														
S	cause. Enter UNDERLYING CAUSE (Disease or Injury														
# 1	that initiated eventa resulting in death) LAST		DUE TO	(OR AS A CO	ONSEGUENCE	OF):									
#	Tosuming in seasily server	d													
	PART II. Other algnificant co	onditiona c	contributing to	death but	not resulting	a in the u	inderivin	o cause oly	ven in P	ort I 24a	WAS AN A	ITTOREY	T 245 1		
MEDICAL						9		g cause g	Pari in a		PERFORM	IED?		WERE AUTOPSY FINDING	
E	-										YES 2			COMPLETION OF CAUSE OF DEATN?	
										- PI	SOUT	IAL		TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO ME	EDICAL									4-				
S	EXAMINER?	Н	IOSPITAL:			OTHE	R:	LACE OF DEA							
448	27. MANNER OF OEATN	1	Inpatient 2				_			Other (Spe					
	1 Natural 5 Pend	dina	28a. DATE OF (Month, Da			TIME OF INJURY		DRK?		28d. DESCRIBI	E HOW IN	JURY OCC	URED		
B	2 Accident Invest	stigation	00 - PLACE OF			М	1	YES 2							
COMPLETED	3 Suicide 8 Could 4 Homicide detail	id not be rmined	28s. PLACE Of building, s	stc. (Specify)	Al home, ferr	n, atreet, fac	ctory, office	•	2	28f. LOCATION City or Tow	(Street an	d Number	or Rural Ro	ute Number,	
Ti I	And CERTIFIED														
를	(Check only	NG PNYSICIA	N: To the best of	my knowled	ge, death occ	urred at the	time, data	and place, at	ind dua to	the cause(a)	and mann	er as state	ed.		
Ö	XX MEDICAL	EXAMINER: 0	On the basis of ax	amination ar	nd/or investiga	ation, in my	opinion, d	eath occured	at the tim	me, data and p	place, and	dua to the	cause(s)	and menner as stated.	
BEO	29b. SIGNATURE AND TITLE OF	CONTRIER	1/ 1					29c. LICENS	SE MUMB	ORE!		29d. DATE	SIGNED (Month, Day, Year)	-
	Molique	me	luce	,					OCI	MIS		▶ 08			
2	30. NAME AND ADDRESS OF PER	SON WNO C	OMPLETED CAUS	E OF DEATH	1 (ITEM 27) (7)	rpe, Print)									-
	Hormon	DD. K	Sylve		11	1 DEI	MM C	יםםסתי	י ח	RAT.TT	MODI	F M 2	DVT	AND 2120	1
	31. DATE FILED MONTH, Day, YEAR	1	32. HEGISTRAL	PE SIGNATU	Rande	90	NIN S	1 (1313)		DUDIT	MOK	L , PIP	KID	AND ZIZO	-
111					-	and the same									

and the second s

9	2	2
2	age	2
E	or, p	TST.
9 90	rect	Ē
Page	ह	in in
ath.	nue	E
er de	al fa	ě
afte	by t	Ca
DUIS	F 70	2
4.0	fillec on,	9
Nin 2	nation	it, the medical examiner mu
MID	crer	Ē
rted	rial .	9
Seco	and	報
8	lan or to	悥
ate	nyslc pri	-
rific	g pl	# I
90 4	Hydi	-
death	afte	ž
the	The The	킅
hat	and a	=
es t	gne	6
ğ.	S La	ğ
W.	bee	3 8
9	has De	n 2
F	State	5
CIA	ertif	6
\$	is c	ed,
5	th th	a
NO	Aff	E .
TEN	TOR:	8
A	REC	E
0	5	를
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s. — he field within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no
200	UNE	AN
포	出	OR
0	10 m	M P
-		-

TO BE COMPLETED

	FOR STATE REGISTRAR	STATE OF	MARYLAND / DEF CERT	PARTMENT OF I		MENTAL HYGIEN	E	91 24	102	
	1. DECEDENT'S NAME (First, Mid	Michelin						3. TIME OF 1991 3:		
	4. SOCIAL SECURITY NUMBER 578-20-7099	5. SEX	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Feb/ 14. 1914 Canada						
TOR	Montgomery Residence of Decem	y General	Hospital	olney	OR LOCATION OF	DEATH	sc. county of DEATH Montgomen			
DIRECTOR	10e. STATE 10		city, town on Local	TION		100				
FUNERAL	100. STREET AND NUMBER 6980 Mink Hol	low Road		10	O777		1 □ YES 2 M NO 10g. CITIZEN OF WHAT COUNTRY? United States			
B	11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	ried FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, s	CENDENT OF HISP pecify Cuban, Maxis S 2 X NO Spec	ANIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)		4. RACE — Americar Black, White, etc. Specify: Whi	n Indian,	
8	(Specify only hig Elementary/Secondary (0-12)	NT'S EDUCATION thest grade completed) College (1-4 or 5	(Give kine life. Do No	NT'S USUAL OCCUPAT d of work done during in OT use retired.)	ION ost of working	16b. KIND OF BU				
BE COMPLET	10 Business Owner Dry Cleaning 17. FATHER'S NAME (First, Middle, Last) Ruben Michelin Ida Kahansky									
10	Fannie H. M. 20. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 4 Donation 5 Other (Sp	ichelin (wi	(Fe) 6980 20b. PLACE AND I	Mink Hol DATE OF DISPOSITIO atory or other place) anon Cemet	low Road	8/15 Ade	Mary			
C	21. SIGNATURE OF SUNERAL SI	ERVICE LICENSEE	Ime	DANZA	NSKY-GOI Rockvil	DBERG MEMO Le Pike, Ro	RIAL (CHAPELS, le, MD 20	INC. 0852	
	23. PART I. Entar tha disersion immediate CAUSE (Final disease or condition resulting in deeth)	t fellure. List only one ca	use on each ilne.				elratory street	Inten	oximate val Between ot and Death	
NO	DUE TO (OF AS A CONSEQUENCE OF):							1	- 23da	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST									
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. It Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 1 Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
SICIAL	25. WAS CASE REFERRED TO M EXAMINER? 1 VES 2 10		☐ ER/Outpatient 3 ☐ D	OTHER: OA 4 Nursing Ho	PLACE OF DEATH (Check only one) 8 Other (Specify)		Alama	2.3	
3Y PH	27. MANNER OF DEATH 1. Metural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO									

29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the 2 MEDICAL EXAMINER: On the beals

29b. SIGNATURE AND TITLE OF CERTIFIER

Arthur Schoengold, M.D.

8 Could not be determined

29c LICENSE NUMBER
118726

HED (Month, Day, Year) 8/13/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A SUNENCE Ph 20832 120

31. DATE FILED (Month, Day, Year)

4 Homicide

'91

32 REGISTRAR'S SIGNATURE
Sulia Davidor Pandelle

DHMH-18 Rev 1/89

	R	
BALTIMORE, MARYLAND 21203-3146	feer death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burlal-transit permit oval.	al examiner must be notified at once.
	filled in by	he medi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 14 detached the State Death of Haship and Mental Huriane Indix to huits! Cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF D	EATH	1.0		3. TIME OF DEATH	
						Vutter				2. DATE OF DEATH MONTH DAY VEAR			205 0 "		
										0 2/-//0			of HM		
	4. SOCIAL PROJECT NUMBER	BER	5. SEX			MONTH	DER 1 YEAR		MIN.	7. DATE OF B (Month, Day	(Year)		8. BIRTI- Counti	IPLACE (State or Foreign y)	
-					YRS.		- Danie	,,oons	08-		08-18-71 Ar		Ann	nnapolis, MD	
	9a. FACILITY NAME (If not in	9b. CITY, TOWN OR LOCATION OF			ON OF DE	ATH			NTY OF D						
-	Donos Ar	ntor	1	In-	1000	11'	Anne			0	Arundel				
HOLOR	Anne Atunde) Medical Cent					/	1701	ago	110					" WIGET	
3	10a. STATE	10b. COUNTY	Υ		10c. C	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY					10d. INSIDE CITY				
	MD	Anne	Arunde	7	1 0	Crownsville					LIMITS?				
5 1	10e. STREET AND NUMBER		III WIIGC		1 01	OWI	15 V.		E			A			
5	915 Barga	agni l	Road					101. ZIP COD 210	32			10g. CITIZEN OF WHAT COUNTRY? USA			
	J 1 J = 412 85	-0							<i>J</i> –		USA				
5	11. MARITAL STATUS		12. WAS DECEDEN							pecify Yee	or No		E American Indian, k, White, etc.		
	1 Never Married 2		IF YES, GIVE V					ES ZXXNO			, 410.)		Spec	Mar	
0	3 Widowed 4 Divo	orced												" White	
3	15, DEC	EDENT'S EDU	CATION		16a. DECEDENT	S USUAI	. OCCUP	ATION		16b. KIN	D OF BUSI	INESS/INI	DUSTRY		
	Elementary/Secondary (I		College (1-4 or 5	4)	life. Do NOT	use retire	ne aunng d.)	most of world	ng						
2	12	, i	1		Studer	n t				St	tudi	es			
COMPL	17. FATHER'S NAME (First, M	ticidia (aat)	-					10 1400	HED'S NA	ME (First, Middle					
- 1	Robert L.		ter							en Chi					
	Carmen Ch	Type/Print)	ian		196. MAILIN	IG ADDR	ESS (Stre	et and Numbe	or Rural	Route Number, C	ity or Town	State, Zi	Code)	MD 21022	
-	Carmen Cr	TTOU.	Lall		913	Dal	gag	RIIT K	oad	, crot	wnsv	111	e,	MD 2 1 032	
	20a. METHOD OF DISPOSIT			20b.	PLACE OF DISP	OSITION	(Name of	cemetery, cre-	matory or	,	20c. LOC	ATION -	City or To	own, State	
	1 XBurial 2 Crematic		noval from State	011	other place)	of t	tho	Et al de	Cor	not own	M÷	110		lle MD	
	21, SIGNATURE OF FUNERA		CENSEE / //	100	Lauv		22. NAME	AND ADDRE	SS OF FA	CILITY	IVI I	LIE	rsv	Lite, MU	
	211	11/	1 111			I	Hard	estv I	une	cal Hor	ne.	P.A			
	Vall	4 11	rnold 1	2		8	351	Anna	nol	is Roa	ad.	Gam	hri	lls. MD	
	23. PART I. Enter the d	liseases, Dr	complications the	et caused	the deeth, Do									Approximate	
			List only one cs											Interval Between	
	iMMEDIATE CAUSE (Fi disease or condition	nai	20.	1	1 1			Ta		- 44				Onset and Dasth	
	resulting in death)	\rightarrow	· /n	W/7	TIPL	e		IY	AL	i m A	F				
			DUE TO	OR AS A	CONSTQUENCE	OF):									
Z	1,2000000000000000000000000000000000000		. /1	NV	H										
2	Sequentially list condi- if any, leading to imme		DUE TO	(OR AS A	CONSEQUENCE	OF):									
Y.	cause. Enter UNDERLY	ING													
Ĭ	CAUSE (Disease or injusted events	ury	DUE TO	OR AS A	CONSEQUENCE	OF):									
=	resulting in deeth) LAS	ST													
CERTIFICATION			a								•				
	PART II. Other signific	ant condition	ns contributing to	death be	ut not resultin	g In the	underi	ying ceuse	given in	Part I. 24	. WAS AN		24	b. WERE AUTOPSY FINDINGS	
3											PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL										— ¹¹	YES 2	Ne		OF DEATH?	
Σ												7		1 YES 2 NO	
Z															
PHTSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	110000			T		. PLACE OF	DEATH (C	neck only one)					
ה <u> </u>	1 YES 2 NO		HOSPITAL:	☐ ER/Outp	atient 3 DOA		HER: Nursing	Home 5 🗆 F	Residence	6 Other (Sp	pecify)				
	27. MANNER OF DEATH		28a. DATE O	FINJURY		IME OF		INJURY AT		28d. DESCRI		NJURY OC	CCURED		
	'	Pending	(Month,	Day, Year)		NJURY		WORK?	□ NO						
P	2 Accident	Investigation	20 - 01 405	OF IN HIPW	At home 4 and					004 1 004710	NN 200 1 -			0	
ED	3 Suicide 8 4 Homicide	Could not be determined	200. PLACE building	of injury i, atc. (Spec	— At home, farr	n, street,	sactory,	MICO		261. LOCATIO	ON (Street a own, Stete)	ına Numbe	er of Hural	Route Number,	
_	4 [] Nomicide	- Jerer (Almed													
COMPLE	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	of my knowl	edge, death occ	urred at 1	the time.	data and plac	e, and du	s to the causele	e) end men	ner ee at	ated.		
Ž	one)													(a) and manner as stated.	
S															
M	296, SIGNATURE AND TITL	E OF CERTIFIE	~	-	IN T	70	. ~	29c. Ll	CENSE NU	MBER	1	29d, DA	TE SIGNE	(Month, Day, Year)	
0	Mun	mr	1	In	N) L	MA	ur	7	10	1005	7		0/	2/19/	
=	JO NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	USE OF DE	ATH (ITEM 27) (7)	pe, Print)		0	0	0				-	
	1/1/////	Ren	POT	nw	es 11	10		0.	01	1200	19	9		20711	
J	31. DATE FILED (Month, Day	(Year)	32. REGISTR		ATURE									101	
-	31. DATE FILED (Month, Day) AUG 28	1991 <	Fisha Davido	- AR	nde 82										
- 1		1	1	-1-1	-										

of the In

Action of the second

deminer mass de membre de cinco.	IMPUNIANT, H 186H 20 18 Market, or 1001 to stome and injury, or other account, the mountain
Nal.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t
er death. Page 6 may be retained by the hospital or attending physici:	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within concours after death. Page 6 may be retained by the hospital or attending physicial

	FOR 1 - STATE	STATE OF M					EALTH DEAT		MENTAL		_	91	24764
	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)	lieman	CE	:KIII	ICAT	E OF	DEAL	н	2. DATE	OF OEATH	AY	YEAR 3.	TIME OF OEATH 2:17 PM
	4. SOCIAL SECURITY NUMBER 213-12-0002		8. AGE (In yrs. lest	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH Day, Year)		BIRTHPL Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give st Anne Arundel M	Center	nter Annapolis			ON OF DE	PEATH 96. COUNTY OF OE Anne A			Y OF OEA	тн		
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY, TOWN OR LOCATION Shady Side							Dd. INSIDE CITY LIMITS? YES 2 2 NO			
	10e. STREET AND NUMBER	Arunde		Sile	a Q y	101	f. ZIP CODE 10g. CITIZEN OF WH				N OF WH		
BY FUNERAL	1464 Snug Harbor Road, 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE			ARMED 13. WAS DECENDENT OF HISPANIC C If yes, specify Cuban, Mexican, Pi 1 YES 2 NO Specify:				in, Puarto F			4. RACE -	- American Indian, White, etc.	
ETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(G/	Do NOT u	work done se retired.)	during ma	at of worldn				I SINESS/INDU:		wurte
E COMPL	8 Waterman/Boat B 17. FATHER'S NAME (First, Middle, Lest) 18. MOTH					IER'S NA	ME (First, I	Aiddle, Maiden					
TO B	John I Nieman 190. INFORMANT'S NAME (Type/Print) Margaret Franklin P.O.Box 23, Shady Side, MD 20764												
	20e. METHOD OF DISPOSITION 11 Partial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) QUAKER Cemetery							esvi]					
	21. SIGNATURE OF FUNESAL SERVICE LICENSEE Dable David				Hardesty Funeral Home, P.A. 905 Galesville Road, Galesville MD								
	23. PART I. Enter the diseases or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							Approximate interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
SERTIFI	that initiated events resulting in death) LAST												
MEDICAL	PERFORMEO? 1 YES 2 NO OF							VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:			B C Othe				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY	28b. TII		28c. IN.	JURY AT] NO			INJURY OCCI	JREO	
8	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At he etc. (Specify)	me, farm,	street, fa	ctory, offic	×6		261. LOC City	ATION (Street or Town, State	and Number o	r Rural Roo	ite Number,
COMPLET	, , , , , , , , , , , , , , , , , , , ,	CIAN: To the best of R: On the basis of ex											and menner as stated.
TO BE C	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and 29b. SIGNATURE AND TITLE OF CERTIFLER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month) 8 8 - 26 - 3 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22) (Rigos Prior)												

201, CROPTON MD 21114 BLYD, SUITE CROFTON

30/NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARK 5. TETER MD 1655 CRO

31. DATE FILED (Month, Day, 1861)

AUG 28 1991 July Davidon Randall

DIT 1 1 1 1 4 5 70 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The fav. TO THE FUNERAL DIRECTOR; After this certificate has be filed within 72 hours after death with the State Dep. IMPORTANT: If Item 28 is marked, or Item 23

	٩ú	_	_
	-		-
	200		
aw requires that the death certificate be executed within 24 hours affer death. Page 6 may be retained by the hospital or attending physician.	s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
6	as th		
atte	use		
na o	1 10		
e hosp	stache(nce.
N E	De d		at o
tained	should		3 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
96	e 5		9 no
may	, pa		st b
6 6	recto		Ē
230	al di		iner
death.	funer		ехаш
arre	y the	mova	cal
OURS	J in	or re	med
24 h	filled	lon,	he
within	pletely	pt. of Health and Mental Hygiene prior to burlal, cremation, or removal.	rent, 1
uted	00	ırlal,	9
exec	and	to be	mat
200	sicial	prior	Ta
ertifica	ing phy	giene	other
ath c	ttend	tal Hy	, Or
he de	the a	Men	- Sin
hat t	4 6	and	my la
res t	igne	ealth	2 3
redu	een s	of H	show
¥	Ď	p.	63

1. DECEDENT'S NAME (First, Middle, Last) VIRGINIA FRANCI	ES NEFF			2. DATE OF DEATH MONTH D	19 - 1991 3. TIME OF DE			
4. SOCIAL SECURITY NUMBER 220109498	10 M 2 0 F 70		UNDER 1 YEAR OF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/23/20		BIRTNPLACE (State or Foreign Country) RTH CAROLIN		
SACRED HEART HO			CITY, TOWN OR LOCATION OF CUMBERLAND, MA		ND ALLEGANY COUN			
10e. STATE 10b. COUNTY	ERAL	FOR	OWN OR LOCATION T ASHBY		10d. WSIDE CI LIMITS? 1 🕍 YES 2 [
	759		101. ZIP CODE 26719		10g. CITIZEN OF WHAT COU			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ARMED ANO	13. WAS DECENDENT OF NISP If yes, specify Cuben, Maxi 1 YES 2 NO Spec	cen, Puerlo Ricen, etc.)	s or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE			
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 164 completed) College (1-4 or 5 +)		AL OCCUPATION done during most of working irind.) OR OPERATOR	16b. KIND OF BU		TRY		
17. FATHER'S NAME (First, Middle, Last) MARSHALL HERM	AN OATES	ELEVATO	18. MOTHER'S P	IAME (First, Middle, Malden		N		
19a. INFORMANT'S NAME (Type/Print) THOMAS A. NEFF			NORA BELLE LOGSTON 9b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. BOX 759 FORT ASHBY, W. VA. 26719					
20s. METHOD OF DISPOSITION TO Burlat 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) SUNSET MEMORIAL PARK 8/23 CUMBERLAND, MD								
21 SIGNATURE OF FUNBILL SERVICE LIC								
Douglas	& Hofel		22. NAME AND ADDRESS OF HAFER CHAP 1302 NATION	EL OF THE				
IMMEDIATE CAUSE (Final disease or condition	& Hofel	line.	HAFER CHAP	EL OF THE NAL HWY L	AVALE	, MD 21502		
ehock, or haert failure. IMMEDIATE CAUSE (Final	complications that ceused th	ARY EDEM	HAFER CHAP: 1302 NATIO: enter the mode of dying, st	EL OF THE NAL HWY L	AVALE	, MD 21502 Approximata Interval Between		
ehock, or haert failure. IMMEDIATE CAUSE (Final disease or condition	complications that coused the List only one couse on each a ACUTE PULMON	IN. ARY EDEM NSEQUENCE OF): ERY HEAR NSEQUENCE OF):	HAFER CHAP: 1302 NATIO: enter the mode of dying, st	EL OF THE NAL HWY L	AVALE	, MD 21502 Approximata Interval Between		
ehock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant condition CARCINOMA OF	ACUTE PULMON ACUTE PULMON DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO C. DUE TO (OR AS A CO	INE. ARY EDEM NSEQUENCE OF): REPUTE HEAR REQUENCE OF): NSEQUENCE OF):	HAFER CHAP 1302 NATIO enter the mode of dying, su IA ET DISEASE the underlying cause given	EL OF THE NAL HWY I uch es cardiac or reap	AVALE	, MD 21502 Approximata Interval Between		
ehock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition CARCINOMA OF CHRONIC OBST	a. ACUTE PULMON CORONARY ART DUE TO (OR AS A CO DUE TO (OR AS A CO C. DUE TO (OR AS A CO C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. C. C. DUE TO (OR AS A CO C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A CO C. C. DUE TO (OR AS A	ARY EDEM SEQUENCE OF): ERY HEAR NSEQUENCE OF): NSEQUENCE OF): TOT reaulting in the control of the control	HAFER CHAP 1302 NATIO enter the mode of dying, su IA ET DISEASE the underlying cause given	EL OF THE NAL HWY I such as cardiac or reap n Part I. 24a. WAS AI PERFO 1 YES	AVALE Interpretation of the second of the s	Approximata Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death		
ehock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition CARCINOMA OF CHRONIC OBST	ACUTE PULMON ACUTE PULMON CORONARY ARI DUE TO (OR AS A CO DUE TO (OR AS A CO C DUE TO (OR AS A CO C DUE TO (OR AS A CO C DUE TO (OR AS A CO C HOSPITAL:	INE. IARY EDEM NSEQUENCE OF): ERY HEAR NSEQUENCE OF): NSEQUENCE OF): TOT resulting in the control of the	HAFER CHAP 1302 NATIO enter the mode of dying, so IA RT DISEASE ASE 28. PLACE OF DEATH (THER: Nursing Home 5 Residence F 28c. INJURY AT	In Part I. 24a. WAS AI PERFO	AVALE irratory arrest	Approximata Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset		

30. NAME AND ADDRESS OF PERSON PAUL SNOW, M.D. WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

124 WEST THIRD STREET CUMBERLAND, MARYLAND 21502

و. لايد د برايد

ā	ő
3ay	2
5	100
9	8
Page	0
-	50
eat	5
0	9
fte	#
50	5
3	=
9	1
Ñ	×
Ē	e
3	à
20	6
5	P
8	S
9	an
e	Sic
Ca	=
ē	Dr.
9	· Di
#E	e e
ge	60
he	\$
25	2
5	8
Sa	000
de	S
9	e
8	S
9	7
-	ate
A	Sile C
0	· 5
3	S
4	=
NG	fler.
9	⋖ .
TE	OR :
W	5
8	2
7	0
MTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	RAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page

		ansit pe		I
1	physicia	burial-tr		
	ending	as the		l
	or att	or use		l
	hospita	ached 1	ė	
	by the	be det	at on	
	stained	Should	offfied	
	ay be re	page 5	be no	
	De 6 m	rector,	must	
	ath. Pag	neral d	miner	
	after de	y the fu	cal ex	ŀ
	hours	or ren	medi	İ
	thin 24	etely fill	nt, the	l
	uted wi	compl	c eve	
	be exec	ian and	апша	l
	tificate	physic	ther tr	l
	eath cer	tal Hyn	, or o	
	t the de	by the a	injun	
	ires tha	signed leafth a	ws any	
	w requ	been of h	3 sho	
	The la	tate De	tem 2	
	SICIAN	certific	d, or	
	NG PH	fter this eath wri	marke	
	KLLEND	after of	28 is	
	IL 0R /	L DIRE	f Item	
	HOSPITA	VITHIN 7	ANT	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filled within 72 hours after death with the State Deot of Health and Mental Hymians notice in burial cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	-	- 0	=	

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT	AND MENTAL HYGIENE TH REG. NO.	91	
1. DECEDENT'S NAME (First, ELTZABET)	FILT SIDOED ADDODISD NADOW	2. DATE OF DEATH MONTH DAY	YEAR	3. T

		- 01	-1311111	CALE OF	DEAL	п	REG. NO.	1			
	1. DECEDENT'S NAME (First, Middle, Last) Elizabe ELIZABETH ANDONIAN	nian	Nader			2. DATE OF DEATH DA		YEAR	TIME OF DEATH 10:15PM M		
	4. SOCIAL SECURITY NUMBER 5. SEX	MADE.		IF UNDER 1 YEAR	IF UNDER 24	A MDC	7. DATE OF BIRTH				
	621-12-9045 10 M2 XF	69		MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Country)	chusetts	
	9e. FACILITY NAME (If not institution, give street end number)			9b. CITY, TOWN				9c. COUNT	TY OF DEATH	1	
DIRECTOR	HOLY CROSS HOSPITAL		STLUER SPRING			NG	MONTGOMERLY				
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATIO						CATION				I. INSIDE CITY	
	MD P. G.	TAI	KONA PARK						LIMITS?		
FUNERAL				10	of, ZIP CODE				EN OF WHAT	COUNTRY?	
2	15/3 ERSICTUE STRE					512			USA		
3		NT EVER IN U.S. ARI	MED	13. WAS DE	CENDENT OF	HISPANIC Mexicen	ORIGIN? (Specify Yee	or No- 1	14. RACE — /	American Indian, alte, atc.	
E E	3 Wildowed 4 Divorced IF YES, GIVE	WAR OR DATES		If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:						White	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	CEDENT'S U	SUAL OCCUPAT	ION		16b. KIND OF BUS	INESS/INDU	STRY		
4	Elementary/Secondary (0-12) College (1-4 or 1	Him	Do NOT use								
è i	1-12 N/A		Secr	retary Federal				L Government			
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Meld				Surneme)			
<u>. </u>	Paul Andonian					Rose					
0 0	19e, INFORMANT'S NAME (Type/Print)	19b	MAILING A	ADDRESS (Street	end Number or		Ite Number, City or Town		Cordel		
=	Joseph E. Nader						ma Park, N				
	20e. METHOD OF DISPOSITION			DISPOSITION		lakoi	DATE 20c. LOC		20912		
	1 😾 Buriel 2 🗆 Cremetion 3 🗆 Removal from State 4 🗎 Donation 5 🗆 Other (Specify)	Cemetery Cres	natory or oth	or place!		. 0					
ì	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	1 Toate C	от не	aven ce	Metery	OF FACE	-23-91 Sil	Lver	spring	g, Md.	
- 1	·01/05/1	.)					di Funeral	L Home	e		
4	(leve ou	son		11800	N.H.	Ave.	. Silver	Sprin	no. Ma	1. 20904	
H	23. PART I. Enter the diseases, or complications the	at ceused the dea	th. Do no	t enter the mo	ode of dying	, auch a	as cerdiac or respir	atory arres	at, I	Approximate	
	IMMEDIATE CAUSE (Final	OR AS A CONSECU								Interval Between Onset end Daath	
	As a L										
5	Sequentially list conditions,			st Cu	ncer						
a	If any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQU	UENCE OF):):							
HILLICATION	CAUSE (Disease or injury C.	O (OR AS A CONSEC	HENCE OF								
	that initiated eventa resulting in death) LAST	OH AS A CONSECU	DENCE OF):								
3	d										
	PART II. Other aignificant conditions contributing to	deeth but not re	suiting in	the underlyin	g ceuse give	en in Pa	rt I. 24a, WAS AN A	UTOPSY	24b WEB	E AUTOPSY FINDINGS	
2							PERFORM	MED?	AVAII	LABLE PRIOR TO	
9							1 TYES 2	NO D	DF D	DEATH?	
Ξ.							-		1 🗆	YES 2 NO	
į	25. WAS CASE REFERRED TO MEDICAL										
SICIAIN.	EXAMINER? HOSPITAL:			26. PI	LACE OF DEAT	TH (Check	only one)				
2		ER/Outpatient 3	DOA 4	☐ Nursing Horr		lence 8 [Other (Specify)				
		Pay, Year)	26b, TIME (URY AT	24	d. DESCRIBE HOW IN	JURY OCCU	RED		
5	2 Accident Investigation				YES 2 N	10					
9		OF INJURY — At hom, etc. (Specify)	e, ferm, stre	eet, factory, offic	•	26	St. LOCATION (Street en City or Town, State)	d Number or	Rural Route I	Number,	
	4 Homicide determined						only or lown, ordiney				
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of	f my knowledge, deal	th occurred	at the time, date	end place, an	d due to	the cause(e) and mean	ar an stated			
5	one) 2 MEDICAL EXAMINER: On the basis of	exemination end/or in	vestigation,	in my opinion, d	eath occured	at the tim	e, date and place and	due to the s	rausalat and	manner on stated	
5	29b. SIGNATURE AND TITLE OF CERTIFIER										
1	11 11 11 11 11 11				29c. LICENS			29d. DATE S	SIGNED (Mont	th, Day, Year)	
2 -	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL	OF OF BEATH HE				D227	//5	8	2119	1	
	106 Irvini STNW #	5421 L	27) (Type, Pi		- 200	016	,				
	31. DATE FILED (Month, Day, Year) 32. REGITE.	AR'S SIGNATURE	2			- 7					
	AUG 23'91 Juli	2 Davidson-1	dandel	2			+				

	REGISTRAR		CE	{	ICALE	OF	DEA	H	R	IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MAF	ONION				2. DATE OF DEATH DAY AUG. 26, 199							
	MARY CATHERI 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I			_	IF UNDER		IF UNDER	24 HRS.	7. DATE OF E		6. BIRT	HPLACE (State or Foreign	
	185-36-2148									/1905	Coun	ryland	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATION	ON OF DE	ATH	90	COUNTY OF	DEATH	
8	Hart Heritag	re					Str	eet			На	rford	
5 1	RESIDENCE OF DECEDENT												
DIRECTOR						R LOCAT						10d. INSIDE CITY LIMITS?	
	Maryland	Harfor	rd		Jarretts				svill	е		1 - YES 2 1 NO	
A	10e. STREET AND NUMBER				10f. ZIP CODE				10g. CITIZEN O			WHAT COUNTRY?	
ᇤ	3721 Salem C	hurch H	Road		21084				4 U.			.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yea or I		E — American Indian, ck, White, etc.	
BY	1 Never Married 2 Married FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES						2 NO		n, Puerto Rice	n, atc.)	Spe		
COMPLETED	15. OECEOENT'S EDI (Specify only highest grad		16a. DECE	DENT'S	USUAL OC	CUPATIO	ON at ad world		16b. KIN	ID OF BUSINE	SS/INDUSTRY	WILL OG	
	Elementary/Secondary (0-12)	College (1-4 or 6	His D	NOT us	se retired.)	unig mo	ot or works	9					
릴	11	****		Hou	isew	ife				Ho	me		
0	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NAI	ME (First, Midd	le, Malden Surn	ame)		
	William	Martin	Emric	k				Mai	ry	Ann	Kunk	cel	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING	ADDRESS	(Street a	nd Number	or Rural F	loute Number, (City or Town, St	ate, Zlp Code)		
2	William S. Oni	on			sa.	me	as	#10					
			20b. PLACE OF	DISPO				natory or		20c. LOCATI	ON — City or 1	own, State	
	1- Burial 2 Cremation 3 Removal from time other place)										e, Penna.		
	21. SIGNATURE OF FUNERAL SERVICE U		22. NAME AND ADDRESS OF FACILITY										
M. Gladelen Kurtz Funeral Ho													
	ahock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Due to (or as a conscouence of): Due to (or as a conscouence of):												
CERTIFICATION	Sequentially list conditions, Due To (OR AS A CONSCOUENCE OF): Due To (OR AS A CONSCOUENCE OF):											8 mo	
2	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): (4 mb) (4 mb)										6 mo		
1	that initiated events resulting in desth) LAST dower G-U tract intestation								112		ſ.	1 10 0	
H	Tooling III doorily Exor	d. Olower C	y- U trac	ti	res	ah	الري	1	MIC	onpo	mais	728	
	PART II. Other algnificent condition	ns contributing to	death but not rec	ulting	in the un-	derlyin	cause :	given in	Part I. 24	a. WAS AN AUT	OPSY 24	b. WERE AUTOPSY FINDINGS	
5	CHF com		ia La	4	1					PERFORME	0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL	B+ breast		S see	. (7-0.		2 1	0/0	7 1	TYES 2	NO	OF DEATH?	
Σ	18CF States	Lucion	The state of		ny	M	COA		PC.			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
PHYSICIAN:	EXAMINER?	HOSPITAL:			QTHER	1:							
ĭ.	1 TYES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3					esidence	6 Other (S)				
		6 Pending (Month, Day, Year) IN						JURY WORK?					
B⊀	2 Accident Investigation					M 1 YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined					atreet, factory, office 281. LOCATION (Street and Number or Rural Route Num City or Town, State)					Route Number,		
COMPLETED	29s. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
8	One) 2 MEDICAL EXAMIN	ER: On the basis of	examination and/or im	reatigation	on, in my o	pinion, d	leath occu	red at the	time, data and	d place, and du	a to the cause	(a) and menner as stated.	
EC	29b. SIGNATURE AND TITLE OF CERTIF	ER /		/	7		29c. LIC	ENSE NUN	ABER .	29	d. DATE SIGNE	O (Month, Day, Year)	
TO BE		17	0/oux		79(1))	DR	08	81 (MDI	8.	28.91	
F	Juan M. B.	ERTK.	MD~	KI	Print) 1, Bo	×2	201	love	5RLT	FAWN	GRO	ve PA 17321	
	31. DATE FILEO (Morith, Day, Year) AUG 28 91	12. REGISTA	AR'S SIGNATURE HOSON-MONDE	02									

0	100	Now It a 'Second	
BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit	
BALTIMORE,	ter death. Page 6 may be	the funeral director, page	oval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SCENETIFIE MANUFACE (PRINCE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE (PRINCE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE OVER TON SCENETIFIE MANUFACE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE OVER TON MANUFACE OVER TON SCENETIFIE MANUFACE OVER TON SCENETIFI	Sterling Wayne 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 90. FACILITY NAME (IV not institution UNIVERSITY OF RESIDENCE OF DECEDE 100. STATE 100. MD 100. STREET AND NUMBER 1 1 1 Never Married 2 KMarries 3 Widowed 4 Divorced 15. DECEDENT (Specify only higher Elementary/Secondery (0-12) 12 17. FATHER'S NAME (First, Middle, L Sterling Ro 190. INFORMANT'S NAME (Type/Prin Blanche War 200. METNOD OF DISPOSITION XIXBurlei 2 Cremetion 3 (4 Donetion 6 Other (Specify 21. SIGNATURE OF PUMERAL SER 23. PART I. Enter the disease shock, or heart for indicesse or condition resulting in death)	OVERTON 5. SEX 6. AGE 1 SM 2 F 1 SM 2 F 1 SM 2 F 1 SM 2 F 1 SM 2 F 1 SM 2 F 1 SM 2 F 1 SM 2 F 1 SM 2 F 1 SM 2 F 1 SMARY LAND HO 1	IN U.S. ARMED 2 KNO DATES 160. DECEDENT'S (Give kind of withe, Do NOT us Sales) 19b. MAILING 1019 b. PLACE AND DATEC melery, crematory or of illcres	9b. CITY, TOWN OR BALT Y, TOWN OR LOCAT a polis 13. WAS DEC If yee, apr 1 ves USUAL OCCUPATIC Work done during mose or relied.) Man AOORESS (Street er timber OF DISPOSITION (Name her place) t. Cemet 22. NAME AN Harde 12 Ri	HOURS MIN. DOR LOCATION OF DE. IMPRE, M TION I. ZIP CODE 2 1403 ENDENT OF NISPANI ecity Cuben, Mexican ext No Specify: DON 18. MOTNER'S NAM Dorot Creek, Impedi Creek, The Address of Facility Control of Number of Purel Recommend Number of Rural Recommend Number of Ru	T. DATE OF BIFTH (Month, Day, Year) OZ / IS 7. DATE OF BIFTH (Month, Day, Year) OZ / IS ATH IC ORIGIN? (Specify Year) IC ORIGIN? (Specify Year) I Geb. KIND OF BU US GE (First, Middle, Meiden Chy Mill OATE 20c. LO Annapol OATE 10c. LO Annapol OATE 20c. LO OATE 20c	9c. COUNTY OF Baltim 10g. CITIZEN OF USA OF NO- 14. RAM Blo Spe SINESS/INDUSTRY ed Cars Surnome) er m. State, Zip Code) lis, MD CATION - City or 1 Capolis me, P. A	THPLACE (State or Foreign MD DEATH DO P C 10d. INSIDE CITY LIMITS? 1X YES 2 \(\) NO WHAT COUNTRY? CE \(\) American Indian, ck, White, etc. 10d/Y: White					
SECRETARIES WAYGE 1. SEX 1.	4. SOCIAL SECURITY NUMBER 411-66-8 99. FACILITY NAME (IP not institution of the continuity of the co	5. SEX 1 (X M 2 F 1 (X M 2	IN U.S. ARMED 2 KNO DATES 160. DECEDENT'S (Give kind of withe, Do NOT us Sales) 19b. MAILING 1019 b. PLACE AND DATEC melery, crematory or of illcres	9b. CITY, TOWN OR BALT Y, TOWN OR LOCAT a polis 13. WAS DEC If yee, apr 1 ves USUAL OCCUPATIC Work done during mose or relied.) Man AOORESS (Street er timber OF DISPOSITION (Name her place) t. Cemet 22. NAME AN Harde 12 Ri	HOURS MIN. DOR LOCATION OF DE. IMPRE, M TION I. ZIP CODE 2 1403 ENDENT OF NISPANI ecity Cuben, Mexican ext No Specify: DON 18. MOTNER'S NAM Dorot Creek, Impedi Creek, The Address of Facility Control of Number of Purel Recommend Number of Rural Recommend Number of Ru	AUG 7. DATE OF BIFTH (Month, Day, West) OZ / IS ATH IC ORIGIN? (Specify Ye., Puerio Ricen, etc.) 16b. KIND OF BU US RE (First, Middle, Meiden Chy Mill Oute Number, City or Tow Annapo OATE 20c. LO Ann RLITY LETAL HOT	9c. COUNTY OF Baltim 10g. CITIZEN OF USA OF NO- 14. RAM Blo Spe SINESS/INDUSTRY ed Cars Surnome) er m. State, Zip Code) lis, MD CATION - City or 1 Capolis me, P. A	TO; SD PM THPLACE (State or Foreign MD DEATH DOPE 10d. INSIDE CITY LIMITS? IX YES 2 NO WHAT COUNTRY? CE. American Indian, exc. City: White 21403 Town, State MD					
A 11-66-9632 IX u 2 P FOR A 11 FOR A	99. FACILITY NAME (IV not institution UNIVERSITY OF RESIDENCE OF DECEDE 109. STATE 109. STATE 109. STATE 109. STREET AND NUMBER 10 19 Timber 11. MARITAL STATUS 1 Never Married 2 KMarries 3 Widowed 4 Divorced 15. DECEDENT (Specify only higher Elementary/Secondery (0-12) 12 17. FATHER'S NAME (First, Middle, L. Sterling Ro 199. INFORMANT'S NAME (Type/Prit Blanche War 209. METNOD OF DISPOSITION XIXBurlet 2 Cremetion 3 (4 Donestion 6 Other (Specify only higher 199. INFORMANT'S NAME (Type/Prit Blanche War 209. METNOD OF DISPOSITION XIXBurlet 2 Cremetion 3 (4 Donestion 6 Other (Specific MMEDIATE CAUSE (Finel disease or condition resulting in death)	12. WAS DECEDENT EVER IF YES, GIVE WAR OR O SEDUCATION 1 grade completed) College (1-4 or 5+) 1 Removal from State Lor complications that course	IN U.S. ARMED 2 KNO DATES 160. DECEDENT'S (Give kind of withe, Do NOT us Sales) 19b. MAILING 1019 b. PLACE AND DATEC melery, crematory or of illcres	9b. CITY, TOWN OR BALT Y, TOWN OR LOCAT a polis 13. WAS DEC If yee, apr 1 ves USUAL OCCUPATIC Work done during mose or relied.) Man AOORESS (Street er timber OF DISPOSITION (Name her place) t. Cemet 22. NAME AN Harde 12 Ri	HOURS MIN. DOR LOCATION OF DE. IMPRE, M TION I. ZIP CODE 2 1403 ENDENT OF NISPANI ecity Cuben, Mexican ext No Specify: DON 18. MOTNER'S NAM Dorot Creek, Impedi Creek, The Address of Facility Control of Number of Purel Recommend Number of Rural Recommend Number of Ru	IC ORIGIN? (Specify Ye., Puerto Ricen, etc.) 16b. KIND OF BU US 6 ME (First, Middle, Melden Chy Mill Oute Number, City or Tow Annapol OATE 20c. LO Anna RUTY Leval Hor	9c. COUNTY OF Baltim 10g. CITIZEN OF USA OF NO- 14. RAM Ble Spe SINESS/INDUSTRY ed Cars Surneme) er m. State, Zip Code) lis, MD CATION - City of 1 Capolis me, P. A	DEATH DO PE 10d. INSIDE CITY LIMITS? 1X YES 2 NO WHAT COUNTRY? CE American Indian, ex, White, etc. white 21403 Town, State MD					
WINDESTRY OF MARYLAND HOSPITAL BALLIMBLE, MD Baltimore THE MARKET NO NUMBER THE AND NUMBER THE MARKET NO NUMBER THE MARKET NUMBER NUMBER (THE MARKET NUMBER NU	UNIVERSITY OF RESIDENCE OF DECEDE 10e. STATE 10b. MD A 10e. STREET AND NUMBER 1019. STREET AND NUMBER 1019. STREET AND NUMBER 1019. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. SPECIFIC ONLY IN SPECIFIC ONLY IN SPECIFIC ONLY IN STREET AND	MARYLAND HO NT COUNTY INTERPORT TO THE PROPERTY OF THE PROPE	IN U.S. ARMED 2 NO DATES 160. DECEOENT'S (Give kind of w iffe. Do NOT us Sales) 19b. MAILING 1019 b. PLACE AND DATEC malery, crematory or ob illcres	RALT Y, TOWN OR LOCAT A POILS 13. WAS DEC If yea, spin 1 yes, spin 1 yes, spin 2 work done during move re retired.) MADORESS (Street extimber) FDISPOSITION (Nather place) t. Cemet 22. NAME AN Harde 12. Ri	IMPRE, M. ITION I. ZIP CODE 21403 ENDENT OF NISPANIA CIPCODE 21403 ENDENT OF NISPANIA CIPCODE 21403 ENDENT OF NISPANIA A CIPCODE 18. MOTNER'S NAM DOPOT TOTAL NUMBER'S OF FACILITY OF ADDRESS OF FACILITY CIPCODE CI	IC ORIGIN? (Specify Ve., Puerio Ricen, etc.) 16b. KIND OF BU USC RE (First, Middle, Meiden Chy Mill Oute Number, City or Tow Annapo OATE 20c. LO Ann RLITY LETAL HOT	Baltim 10g. CITIZEN OF USA 10g. CITIZEN OF USA 14. RAM 816 Spe SINESS/INDUSTRY 22d Cars Surneme) 22r m, State, Zip Code) Lis, MD CATION — City of 1 CATION — City of 1 CAPOLIS Me, P. A	10d. INSIDE CITY LIMITS? IX YES 2 NO WHAT COUNTRY? CE — American Indian, ck, White, etc. City: White 21403 Town, State MD					
No. STREET AND NUMBER 10. NO. STREET AND NUMBER 10.	100. STREET AND NUMBER 1019 Timber 11. MARITAL STATUS 1 Never Married 2/C/Married 3 Widowed 4 Divorced (Specily only highe Elementary/Secondery (0-12) 12 17. FATHER'S NAME (First, Middle, L Sterling Ro 190. INFORMANT'S NAME (Typa/Fir Blanche War 200. METNOD OF DISPOSITION XIXBurlei 2 Cremetion 3 (4 Donetion 6 Other (Specil) 21. SIGNATURE OF-PUMERAL SER 23. PART I. Enter the disease shock, or heert for immediate cause (Finel disease or condition resulting in death)	Creek Drive Creek Drive 12. WAS DECEDENT EVER IF FORCES? 1 VES IF YES, GIVE WAR OR O S EDUCATION 1 grade completed) College (1-4 or 5+) 1 VAL Overton Then Overton Removal from State CE LICENSEE	IN U.S. ARMED 2 NO DATES 160. DECEOENT'S (Give kind of w iffe. Do NOT us Sales) 19b. MAILING 1019 b. PLACE AND DATEC malery, crematory or ob illcres	y, TOWN OR LOCAT apolis 101 13. WAS DEC 15 yes, spin 1 yes, spin 1 yes USUAL OCCUPATIC Work done during most or relied.) Man AOORESS (Street et limber place) t Cemet 22. NAME AN Harde 12 Ri	21403 ENDENT OF NISPANI secify Cuben, Mexican Specify: 18. MOTNER'S NAM Dorot Ind Number or Rural Ric Creek, Immediately Cuben, Secty Fun Adgely A	IC ORIGIN? (Specify Ye., Puerio Ricen, etc.) 16b. KIND OF BU US 6 IE (First, Middle, Meiden Chy Mill Oute Number, City or Tow Annapo. OATE 20c. LO Annapo. ILITY I Cral Hor	Ing. CITIZEN OF USA OF NO. 14. RAM Ble Spe SINESS/INDUSTRY ed Cars Surneme) er m., State, Zip Code) lis, MD cation — City of 1 napolis me, P. A	10d. INSIDE CITY LIMITS? IX YES 2 NO WHAT COUNTRY? CE American Indian, ek, White, etc. ICHY: White 21403 Town, State MD					
No. STREET AND NUMBER 10. NO. STREET AND NUMBER 10.	100. STREET AND NUMBER 1019 Timber 11. MARITAL STATUS 1 Never Married 2/C/Married 3 Widowed 4 Divorced (Specily only highe Elementary/Secondery (0-12) 12 17. FATHER'S NAME (First, Middle, L Sterling Ro 190. INFORMANT'S NAME (Typa/Fir Blanche War 200. METNOD OF DISPOSITION XIXBurlei 2 Cremetion 3 (4 Donetion 6 Other (Specil) 21. SIGNATURE OF-PUMERAL SER 23. PART I. Enter the disease shock, or heert for immediate cause (Finel disease or condition resulting in death)	Creek Drive Creek Drive 12. WAS DECEOENT EVER IF FORCES? 1 VES IF YES, GIVE WAR OR OF SEDUCATION (grade completed) College (1-4 or 5+) 1 VAL Overton CREMOVAL from State CE LICENSEE	IN U.S. ARMED 2 NO DATES 160. DECEOENT'S (Give kind of with the Nort us Sales) 19b. Mailing 1019 b. Place and Date complety, cremetory or of illcrest	apolis 13. WAS DEC If yee, sep 1 yes, s	21403 ENDENT OF NISPANI ecity Cuben, Mexican ecity Cuben, Mexican ecity of working 18. MOTNER'S NAM Dorot ord Number or Rural Re Creek, imedia ecty 10 ADDRESS OF FACE esty Fun degely A	16b. KIND OF BU US 6 IF (First, Middle, Meiden Chy Mill Coute Number, City or Tow Annapol OATE 20c. LO Ann RUTY LETAL HOT	USA or No- 14. RAM Ble Spe SINESS/INDUSTRY ed Cars Surneme) er m. State, Zip Code) lis, MD cation - City or 1 dapolis me, P. A	LIMITS? IX YES 2 NO WHAT COUNTRY? CE — American Indian, etc., white, etc. White 21403 Town, State MD					
Section Part	3 Widowed 4 Divorced (Specily only highe Elementary/Secondery (0-12) 12 17. FATHER'S NAME (First, Middle, L Sterling Ro 19e. INFORMANT'S NAME (Type/Prir Blanche Warn 20e. METNOD OF DISPOSITION XIXBurlei 2 Cremetion 3 (4 Donetion 6 Other (Specil 21. SIGNATURE 95-FUNERAL SER 23. PART I. Enter the disease shock, or heert for immediate CAUSE (Finel disease or condition resulting in death)	12. WAS DECEOENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR OR OR OF SECULATION (prade completed) College (1-4 or 5+) 1 VAL Overton Then Overton Removal from State CE LICENSEE	16e. DECEOENT'S (Give kind of w life. Do NOT us Sales) 19b. MAILING 1019 b. PLACE AND DATE C melery, crematory or ob illcres	13. WAS DEC If yee, spring in the process of the p	21403 ENDORTO OF NISPANI secily Cuben, Mexican secily Cuben, Mexican secily Cuben, Mexican secily Cuben, Mexican secily Cuben, Mexican secily Cuben, Mexican secily Cuben, Mexican Dorot and Number or Rural Rec Creek, immediately Cuben secily Fun degely A	16b. KIND OF BU US 6 IF (First, Middle, Meiden Chy Mill Coute Number, City or Tow Annapol OATE 20c. LO Ann RUTY LETAL HOT	USA or No- 14. RAM Ble Spe SINESS/INDUSTRY ed Cars Surneme) er m. State, Zip Code) lis, MD cation - City or 1 dapolis me, P. A	CE - American Indian, ck, White, etc. White 21403 Town, State MD					
The first content of the fir	3 Widowed 4 Divorced Specify only highe	12. WAS DECEOENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR OR OR OF SECULATION (prade completed) College (1-4 or 5+) 1 VAL Overton Then Overton Removal from State CE LICENSEE	16e. DECEOENT'S (Give kind of w life. Do NOT us Sales) 19b. MAILING 1019 b. PLACE AND DATE C melery, crematory or ob illcres	USUAL OCCUPATION ADDRESS (Street et imber of Disposition (Nather place) 1. Cemet 1.	ENDENT OF NISPANIedly Cuben, Mexican Specify: ON 18. MOTNER'S NAM Dorot Ind Number or Rural Ric Creek, immed 1. Crey 10 ADDRESS OF FACE Sty Funder 1 and 1	16b. KIND OF BU US 6 IF (First, Middle, Meiden Chy Mill Coute Number, City or Tow Annapol OATE 20c. LO Ann RUTY LETAL HOT	siness/industry ed Cars surverne) er m., State, Zip Code) lis, MD cation - City or 1 napolis me, P. A	21403 Town, State MD					
The first content of the fir	3 Widowed 4 Divorced Specify only highe	seducation tyrade completed) College (1-4 or 5+) 1 val Overton then Overton Removal from State CE LICENSE	16e. DECEDENT'S (Give kind of wife. Do NOT use Sales) 19b. Mailing 1019 b. PLACE AND DATEC malery, crematory or obt illeres	usual occupation of done during most retired.) man according to the control of	18. MOTNER'S NAM Dorot Ind Number of Rurel Ric Creek, Imeel Sty Fun dgelv A	US & LE (First, Middle, Meiden Chy Mill & Annapol Oate 20c. Lo Annapol Oate Horal Horal Horal Horal Annapol Oate Annapol Oate Annapol Oate Annapol Oate Annapol Oate Annapol Oate Annapol Oate Annapol Oate Annapol Oate Anna	siness/industry ed Cars ed Cars sumeme) er m. State, Zip Code) lis, MD cation - City or 1 napolis me, P. A	21403 Town, State , MD					
Sterline Royal Overton Sterline Royal Overton 190. MALING ADDRESS (Street and Number or Rural Route Rural Route R	Sterling Ro 19e. INFORMANT'S NAME (Type/Pric Blanche War 20e. METNOD OF DISPOSITION XXBuriel 2 Cremetion 3 (4 Donetion 6 Other (Specific Specifi	val Overton Then Overton Removal from State CE LICENSEE	(Give kind of wife. Do NOT us Sales) 19b. Mailing 1019 b. Place and Date of melery, crematory or obtill cress dithe death. Do not the death of the death.	AOORESS (Street et timber place) t Cemet 22. NAME AN Harde 12 Ri	18. MOTHER'S NAM Dorot Creek, The of the control	USE Chy Mill Chy Mill Coute Number, City or Tow Annapol OATE OATE Ann RUTY RETTY LEVEL Anna Anna Level Anna Level Anna Anna Level Anna	ed Cars Surneme) er m. State, Zip Code) lis, MD cation - City or 1 napolis me, P.A	21403 Fown, State , MD					
Sterline Royal Overton Sterline Royal Overton 190. MALING ADDRESS (Street and Number or Rural Route Rural Route R	Sterling Ro 19e. INFORMANT'S NAME (Type/Pric Blanche War 20e. METNOD OF DISPOSITION XXBuriel 2 Cremetion 3 (4 Donetion 6 Other (Specific Specifi	val Overton then Overton Removal from State CE LICENSE	Sales	AOORESS (Street et timber timber timber) FDISPOSITION (Naiher place) t Cemet 22. NAME AN Harde 12 Ri	Donot Donot Creek, me of cery Appress of Face esty Fun dgelv A	Annapo OATE 20c. LO REITY REPARAMENTAL HOR	sumeme) er m. State, Zip Code) lis, MD cation - City or 1 napolis me, P. A	21403 Fown, State , MD					
Sterline Royal Overton Sterline Royal Overton 190. MALING ADDRESS (Street and Number or Rural Route Rural Route R	Sterling Ro 19e. INFORMANT'S NAME (Type/Pric Blanche War 20e. METNOD OF DISPOSITION XXBuriel 2 Cremetion 3 (4 Donetion 6 Other (Specific Specifi	then Overton Removal from State CE LICENSEE	196. MAILING 1019 b. PLACE AND DATEC matery, crematory or ob illcrest	ADORESS (Street et timber timber proisposition (Nather place) to Cemet 22. NAME AN Harde 12 Ri	Dorot Ind Number of Rurel Ric Creek, Imeed Lery IO ADDRESS OF FACE Sty Fun dgelv A	Annapo OATE 20c. LO REITY REPARAMENTAL HOR	sumeme) er m. State, Zip Code) lis, MD cation - City or 1 napolis me, P. A	21403 Fown, State , MD					
Sterline Royal Overton Sterline Royal Overton 190. MALING ADDRESS (Street and Number or Rural Route Rural Route R	Sterling Ro 19e. INFORMANT'S NAME (Type/Pric Blanche War 20e. METNOD OF DISPOSITION XXBuriel 2 Cremetion 3 (4 Donetion 6 Other (Specific Specifi	then Overton Removal from State CCE LICENSES	1019 b. PLACE AND DATE COMMERCY, CREMERCY OF ORDITORIES	timber proisposition(Nai her place) t Cemet 22. NAME AN Harde 12 Ri	ond Number or Rural Rich Creek, Me of Cery NO ADDRESS OF FACE Sty Fun dgelv A	Annapo Annapo OATE 20c. LO LOTTY RELITY LOTAL ANN ANN ANN LOTAL ANN ANN ANN ANN ANN ANN ANN AN	m, State, Zip Code) Lis, MD CATION — City or 1 napolis ne, P.A	fown, State MD					
Blanche Warthen Overton 1019 timber Creek, Annapolis, MD 21403 20s. METNOO DO DISPOSITION XXSBUEID 2 Ceremetron 3 Removal from State 4 Densition 6 Content (Specify) 21. SIGNATURE OF CHYPERAL SERVICE LICENSES Hillorest Cemetery 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, interval Between Onset and Death MMEDIATE CAUSE (Finel diseases or condition) 12 PART II. Other algoriticant conditions, resulting in death) 25 NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 26 Detro (OR AS A CONSEQUENCE OF): 27 DUE TO (OR AS A CONSEQUENCE OF): 28 DUE TO (OR AS A CONSEQUENCE OF): 29 DUE TO (OR AS A CONSEQUENCE OF): 20 DUE TO (OR AS A CONSEQUENCE OF): 21 DUE TO (OR AS A CONSEQUENCE OF): 22 NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 26 DUE TO (OR AS A CONSEQUENCE OF): 29 DUE TO (OR AS A CONSEQUENCE OF): 20 DUE TO (OR AS A CONSEQUENCE OF): 21 DUE TO (OR AS A CONSEQUENCE OF): 22 NAME AND ADDRESS OF FACILITY HOSPITAL: 10 DUE TO (OR AS A CONSEQUENCE OF): 21 DUE TO (OR AS A CONSEQUENCE OF): 22 NAME AND ADDRESS OF FACILITY Annapolis, MD 24 Name of Consequence of Order (Specify) 25 NAS CASE REFERENCE TO MEDICAL EXAMINERY 10 YES 2 NO 26 DUE TO (OR AS A CONSEQUENCE OF): 27 NAME OF CASE 11 PORTION TO CASE 28 PLACE OF BAUNTY 10 YES 2 NO 29 DUE TO (OR AS A CONSEQUENCE OF): 29 DUE TO (OR AS A CONSEQUENCE OF): 20 DUE TO (OR AS A CONSEQUENCE OF): 21 DUE TO (OR AS A CONSEQUENCE OF): 22 DUE TO (OR AS A CONSEQUENCE OF): 24 DUE TO (OR AS A CONSEQUENCE OF): 25 DUE TO (OR AS A CONSEQUENCE OF): 26 DUE TO (OR AS A CONSEQUENCE OF): 27 DUE TO (OR AS A CONSEQUENCE OF): 28 DUE TO (OR AS A CONSEQUENCE OF): 29 DUE TO (OR AS A CONSEQUENCE OF): 20 DUE TO (OR AS A CONSEQUENCE OF): 20 DUE TO (OR AS A CONSEQUENCE OF): 21 DUE TO (OR AS A CONS	Blanche War 20e. METNOD OF DISPOSITION XIXBurlel 2 Cremetton 3 [4 Donetton 6 Other (Specific Control of Cont	Removal from State 20b cen	1019 b. PLACE AND DATE COMMERCY, CREMERCY OF ORDITORIES	timber proisposition(Nai her place) t Cemet 22. NAME AN Harde 12 Ri	creek, cery paperss of FACE sty Fun dgelv A	Annapol OATE 20c. LO Anna RLITY Leral Hor	lis, MD CATION - City or 1 napolis me, P.A	fown, State MD					
20e. METHOD OF DISPOSITION XXBURIDS 2 Ceremetron 3 Removal from State Consider	20e. METNOD OF DISPOSITION XIXBuriel 2 Cremetton 3 (4 Donetton 6 Other (Specification) 21. SIGNATURE OF PUBERAL SERVICE SHOCK, or heart for immediate or condition resulting in death)	Removal from State cere	b. PLACE AND DATE Of melery, crematory or obtaining the company of the death. Do not the company of the death. Do not the death. Do not the company of the death.	proisposition(Nai her place) t Cemet 22. NAME AN Harde 12 Ri	cery sty Fun dgelv A	OATE 200. LO Ann NETTY Deral Hor	napolis ne, P.A	fown, State MD					
Approximate Content	23. PART I. Enter the disease shock, or heert for disease or condition reculting in death)	CE LICENSE	illcres	Cemet 22. NAME AN Harde 12 Ri	esty Fun dgelv A	ium ieral Hor ive. Anna	me, P.A						
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory erreet, shock, or heart felture. Liet only one ceuse on each line. 12 Ridgely Ave. Annapolis, MD	23. PART I. Enter the disease shock, or heert for iMMEDIATE CAUSE (Finel disease or condition resulting in death)	or complications that caused	d the death. Do n	Harde	sty Fun dgelv A	ium ieral Hor ive. Anna	me, P.A						
Approximate shock, or heart fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) Between Onset and Death of the disease or condition resulting in death) Between Onset and Death of the disease or condition resulting in death) Between Onset and Death of the disease or condition on resulting in death) Between Onset and Death of the disease or condition of the disease or condition of the disease or condition on resulting in death) Between Onset and Death of the disease or condition of the disease or	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a, or complications that ceused flure. Liet only one ceuse on e	d the death. Do n	12 Ri	dgely A	ve. Anna	apolis,	MD					
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Begunnially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): 246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR OF CAUSE OF OCATIN (Check only one) TO CONFLIENCE OF OCATIN (Check only one) DISTANCE OF DEATIN (Check only one) DISTANCE OF OCATIN (Check only one)	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	llure. Liet only one ceuse on e	ech line.	or enter the mod	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the manual diseases.								
DUE TO (OR AS A CONSEQUENCE OF): GI bleeding OUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU		IMMEDIATE CAUSE (Fine) disease or condition reculting in death) a. Natural Causes											
Sequentially list conditions, our to (or as a consequence of): DUE TO (or		GT bleeding											
PART II. Other algnificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. Chronic Renal Failure 246. WAS AN AUTOPSY PROPINGS ANALABLE PRIOR TO COMPETION DF CAUSE DF DEATHY 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 280. DATE OF INJURY AT WORK? 1 YES 2 NO 280. DATE OF INJURY AT WORK? 1 YES 2 NO 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT HOME, ferm, street, factory, office determined determined determined determined determined determined determined determined determined determined determined to the control of the contro	Sequentially list conditions, if any, leading to immediate	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algnificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. Chronic Renal Failure 246. WAS AN AUTOPSY PROFINGS ANALABLE PRIOR TO COMPLETION DF CAUSE DF DEATN 1	CAUSE (Disease or injury	CAUSE (Disease or injury \$ c.											
PART II. Other algnificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. Chronic Renal Failure 246. WAS AN AUTOPSY PROPINGS ANALABLE PRIOR TO COMPETION DF CAUSE DF DEATHY 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 280. DATE OF INJURY AT WORK? 1 YES 2 NO 280. DATE OF INJURY AT WORK? 1 YES 2 NO 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT HOME, ferm, street, factory, office determined determined determined determined determined determined determined determined determined determined determined to the control of the contro	resulting in deeth) LAST												
Chronic Renal Failure Performed? AMALABLE PRIOR TO COMPLETION DE CAUSE DE DEATN 1 YES 2 NO NO		ditione contributing to deeth b	out not regulting in	the underlying	COURS alves in D	and I am una su							
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	Chronie R	enal Failure		- the underlying	Codes given in P	PERFOR	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
Accident Investigation Single S	Σ	OF DEATHY											
The state of the	Z 25. WAS CASE REFERRED TO MEDI	DE MAR CARE DEFENDED TO MENAN											
The state of the	EXAMINER?	HOSPITAL:											
The state of the	27. MANNER OF DEATN	28e. DATE OF INJURY	26b, TIME	OF 26c, INJU	JRY AT		NJURY OCCURED						
3 Suicide 6 Could not be determined determin		itlen	M 1 🗆 Y	ES 2 NO									
	3 Suicide 6 Could r		28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)										
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the firme, date and place, and due to the cause(e) end menner se stated.	290. CERTIFIER 1 CERTIFYING												
One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the films, date and place, and due to the ceuse(s) and menner as stated.	One) 2 MEDICAL EX	AMINER: On the basis of examination	n end/or investigation	, in my opinion, de	eath occured at the fir	me, date and place, and	d due to the ceuse(e) end menner es stated.					
	296. SIGNATURE AND TITLE OF CEL	TIFIER 1 . L. MAT			29c. LICENSE NUMB	ER	29d. DATE SIGNED	(Month, Day, Year)					
29d. DATE SIGNED (Morith, Dipy, Yeer)	0 1 My 1/. [N WHO COMPLETED CAUSE OF THE	ATAL (ITEM		5619		8/2	5/9/					
57619 Surlef mD 57619 8/25/9/	BRET D.	BORCHELT, A	ND L	INIV. OF	MARYLA	ND HUSP	BACT	140 217					
DESCRIPTION OF MARYLAND WAS BALL TO BORCHELT, MD UNIV. OF MARYLAND WAS BALT, MD 212	31. DATE FILED (Month, Day, Year) ALIC 2 9 1991	of head than a signature											

and the second s

and the second s

¥

3. TIME OF DEATH

YEAR

1. DECEDENT'S NAME (First, Middle, Last)

E.

2. DATE OF DEATH

DAY

DIVISION OF

뿔

2

u GeWIA EVELYN 91 TERS 08 38 IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 1 - M 2 18 F 213-22-2216 9e. FACILITY NAME (If not institution, give CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Arunde boll DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO bold. 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 5/3-4 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian. Black, White, etc. FORCES? 1 YES 2 If yes, specify Cube 1 Never Merried 2 Merried Specify: BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) econdary (0-12) -05 17. FATHER'S NAME (First, Middle, Last) Pr BE 19h MAILING ADDRESS (S) 2 20a METHOD OF DISPOSITION

1 Burlal 2 Cremation 3

Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Nother place) 3 🗆 R 5 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY T 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory Approximate ahock, or heart failure. Liet only one cause on each ilna Interval Between Onset and Death **IMMEDIATE CAUSE (Final** 100 irculatory disease or condition resulting in death) ubclavian CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO -envion COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 - YES 2 7NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | OA this certificate I with the State 1 TES 2 DAG OTHER ng Home 5 Residence 6 - Other (Specify) 4 - Num 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 Metural 1 YES 2 NO BY TO THE FUNERAL DIRECTOR: After to the filed within 72 hours after death IMPORTANT: If Item 28 is man 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide 29a, CERTIFIER 1 CCERTIFYING PHYSICIAN: To the best of my kno 2 MEDICAL EXAMINER: On the basis of ex 29b. SIGNATURE AND TITLE OF CERTIFIER THE F 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 19 65 7 2 3 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Admiral mo 2140 Cochrane napolis Deviden Andre 31. DATE FILED (Morith, Day, Year)

i.

	he	det	1
	6	2	1
	ped	Pine	- 6
	etair	5	9190
	96	6.5	
	ay	pag	4
	E 9	tor,	9110
	age	direc	- 5
	9	20	
	eath	Lue Lue	6
	p re	2 6	ě
	afte	A E	6 4
	SUL	5 5	Page
	4 h	illed	
	2	atho latho	4
•	with	plete	- un
	pa	E C	2
	ecut.	D Dr	1150
	8	10	E
	a De	sicia	Ž
	icat	physic of	-
	erti	Die	ŧ
	£ C	end H	6
	dea	att	5
	the	京文	ini
	hat	a d	2
	es t	gne	8
	quir	T H	3
	N Te	Dee T.	2
	9	has Dec	2
	E	ate	E
	IAN	Tific S	-
	SIC	5 E	-
	Æ	this with	8
	NG	fter	E
	N	A. A	
	Ë	B #	28
	JR /	IRE NAS	E
	AL C	7 7 7	
	PIT	ERA in 7	-
	HOS	P.E.	TAN
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det be filled within 72 hours after death with the State Dept, of Health and Mental Housere prior to burial, remarion, or removal.	IMPORTANT if item 28 is marked or litem 23 shows any injury or other transmits event the medical evanties much he marked of each
	0	0 T	4
	1	-0	100

IMPORTANT:

TELESFORO

31. DATE FILED (Month, Day, Year)

AUG 2 6

REYES, JR.

who Durdo

M.D.-

NORTH ARUNDEL HOSPITAL

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
10000	DECEDENT'S NAME (First, Middle, Last) DAVID	м.		PALMER		2. DATE OF DEATH	3 9		TIME OF DEATH 9:59 AM		
			AGE (In yrs. lest birthday)	IF UNDER 24 HRS.	7. DATE OF BIRTH	10	BIRTHPL	ACE /State or Foreign			
		1 🔀 M 2 🗆 F	46 YRS.	MONTHS DAYS	HOURS MIN.	July 7, 19	945 We	Country)	Virginia		
~	9e. FACILITY NAME (If not institution, give street				OR LOCATION OF D	DEATH	9c. COUNTY				
OT:	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUN										
R	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LOC	ATION			10	d. INSIDE CITY		
۵	Maryland Anne A	rundel		Severn				1	LIMITS?		
FUNERAL DIRECTOR	100. STREET AND NUMBER 1258 Delmont Roa	a			101. ZIP CODE		2.27		T COUNTRY?		
JNE	The second state	12. WAS DECEDENT E	VED IN II S ADMED	142 448 0	21144	NIC ORIGIN? (Specify Yes		U.S.2			
	1 Never Married 2 ty Merried	FORCES? TY	YES 2 NO	If yes,	specify Cuben, Mexic ES 2 🔯 NO Speci	an, Puerto Ricen, etc.)	erto Ricen, etc.) Black, White, etc.				
ЭВУ	3 Widowed 4 Divorced	Feb. 19	64-Feb. 19		S 2 IX NO Speci	ry.		Specify:	White		
TEI	15. DECEDENT'S EDUCA (Specify only highest grade co	TION impleted) College (1-4 or 5+)	16e. DECEDENT'S	Work done during to retired.)	TION most of working	16b. KIND OF BU	SINESS/INDUS	TRY			
PLE	Elementary/Secondary (0-12) Grade - 12	Truck			Own	Buisne	966				
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)											
									Oconnell		
10	19e. INFORMANT'S NAME (Type/Print)	Route Number, City or Tow	n, State, Zip Co								
	Marrianne Palmer					evern Mary		21144			
	XXBuriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	20b. PLACE AND DATE cemetery, crematory or o	ther place)			CATION — City				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	Crownsvill	e MD Ve	t.Cem. 08	8-27-91 Cro	wnsvi]	lle,	Maryland		
	· Pl+ 4		ley Fune	eral Home							
	23. PART i. Enter the diseases, pr cor	nplications that c	Bused the death Do	421	Crain Hwy	y. S.E., GI	en Bur	nie			
	shock, or heart feliure. Lie iMMEDIATE CAUSE (Final	It Dnly Dne Ceuse	on eech line.	ibt einer tite ti	loue or dynig, suc	ar ee cardiec or reep	retory arreet	•	Approximate interval Between		
		POSSIB	LE MYOCAR	DIAL I	NFARCTI	ON			FEW HRS.		
		DUE TO (OF	AS A CONSEQUENCE O	F):					LEW MRD.		
NO N	Sequentially list conditions, CORONARY ARTERY DISEASE Due to (or as a consequence of):										
ATI	cause. Enter UNDERLYING										
FI	CAUSE (Disease or Injury that initieted events	DUE TO (OF	AS A CONSEQUENCE O	F):							
CERTIFICATION	resulting in deeth) LAST										
- 1	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICA	HYPERTROPHY	PERFORMED? AVAILABLE F			AILABLE PRIOR TO MPLETION OF CAUSE						
		OF	DEATH?								
ž											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
IXS		1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
	1 Netural 5 Pending	28e. DATE OF INJ (Month, Day,		URY V	JURY AT	28d. DESCRIBE HOW INJURY OCCURED					
B	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF IN	JURY — At home, ferm,	YES 2 NO	261. LOCATION (Street and Number or Rural Route Number,						
COMPLETED	4 Homicide determined	building, atc.	(Specify)			City or Town, State)	Transor or t	12.07.710010	TVUTTIDOS,		
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my	knowledge, death occurr	ed at the time, de	te end place, end due	to the ceuse(e) end men	ner ee stated.				
OM	one) 2 MEDICAL EXAMINER:	On the basis of exam	ination end/or investigation	on, in my opinion,	death occured at the	time, date end piece, en	d due to the co	ruse(e) end	d menner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	5-4-	. 0	4 -	29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Mo	inth, Day, Year)		
2	elegend		▶ Aug. 23,1991								

01.13.10

erede a log or a spin

BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-tran wal.
	24 hours a	filled in by on, or rem
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR 28 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR s. BIRTHPLACE (State or Foreign 213-01-70 1 M 2 | F Maryland 104 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore County General Hospital DIRECTOR Randallstown Baltimore RESIDENCE OF DECEDENT Pages 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Westminster permit 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? .00 51 Madison Street 21157 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indian, Black, White, atc. 1 Never Merried 2 Merried If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 VES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: WW White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementery/Secondary (0-12) 10th grade Office Worker Western Auto notified at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard Perkins BE Carrie Noon 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret P. Orlove 51 Madison Street, Westminster, Md. 21157 9 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must Carroll Cremation Services 8-28 Hampstead, Md. 21074 5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSIEE 934 S. Main Street, Hampstead, Md. 21074 Xam medical 23. PART I. Enter the diegasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Finel Onset and Death** the disease or condition resulting in deeth) ARCINOMA event. DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentielly llet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other that initieted eventa DUE TO (OR AS A CONSEQUENCE OF). resulting in death) LAST 10 injury, PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS shows any PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE 1 . YES 2 . NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA 1 WES 2 NO OTHER: 0 ng Nome 5 - Realdence 6 - Other (Specify) E HOSPITAL OR ATTENDING PHYSICIA E FUNERAL DIRECTOR: After this certi d within 72 hours after death with the ATANT: If item 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending ВУ 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide determinad COMPLET CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. TO THE HOSPITA
TO THE FUNERA
Be filed within 72
IMPORTANT: IS MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due 29b. SIGHTATURE AND THILE OF CERTIFIER 29d. DATE SIGNED (Morkh, Day, Year) Jon 8 0 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32 PREGISTRAP'S SIGNATURE

Mandage Pendage UWD 8

×

v

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should lours after death. Page 6 may be retained by the hospital or attending physician. once. notified at ě must examiner n signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. medicai # OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, traumatic or other Injury, shows any has been s Dept. of P 23 this certificate h 6 marked, THE HOSPITAL OR ATTENDING F THE FUNERAL DIRECTOR: After 1 filed within 72 hours after death 28 is Hem TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: If II

DIRECTOR

FUNERAL

BY

COMPLETED

BE

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

出 9

31. DATE ELED (Month,

91

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MATINEWS 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 08 EL 2210 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 03 O4 No. Carolina 239-48-694 MONTHS DAYS HOURS MIN. 1 M 2 F Se. FACILITY NAME (If not institution, give street end number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF CEATH Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DEC 10a. STATE 10c. CITY, TOWN OR LOCATION Bridge Union MD 1 YES 2 NO 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Molasses 12924 USA 21791 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 Wildowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Own Home Homemaker 10 17. FATHER'S NAME (First, Middle, Last)
Arthur William Matthews 16. MOTHER'S NAME (First, Middle, Meiden Surname)
Gladys Pigford 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21791 12924 Molasses Road, Union Bridge, Md. Charles Player 20e, METHOD OF DISPOSITION
1 © Burtal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION — City or Town, State Wilson, N. Carolina Evergreen Cemetery 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home, P.O. Box 1819 Ger 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury SEPS/S DUE TO (OA AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE pmpn 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of ex nination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner as stated. 29b, SIGNAPURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

51115 .6

SEP 03 91

12 REGISTRANTS SIGNATURE

											91	24773	
	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR	RTMEN	T OF H	IEALTH DEAT	AND I	MENTAL HYGIEN			~ / / / (
	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE OF OEATH	3. TIME OF OEATH			
	Paul Revere Pegram								08 31°	MY	91 8	8:15 p m	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	est birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH			ACE (State or Foreign	
	235-28-5865	1 → M 2 □ F	69	YRS.	MONTHS	DAYS	HOURS	ON TOURS MIN. (Month, Day, Year, 08 – 02 – 2			Country)	t Virgini	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF OE		OTH VILGILIA			
DIRECTOR	9210 Stuart Lan	ie			C1	into	n			Prince George			
E	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION			10d. INSIO			
ă	Maryland Prin	ce Geor	cge	92	10	Stua	rt	Lane	e ,Clinte		LIMITS?		
4	10e. STREET AND NUMBER		0-	1 /-			ZIP COO		, or rice	_		AT COUNTRY?	
FUNERAL	9210 Stuart Lan	ie.				1.0	2073				J.S.A.		
S	11. MARITAL STATUS	T EVER IN U.S. AI	RMEO	12				IIC ORIGIN? (Specify Ye					
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	TEVER IN U.S. AI X YES 2 AR OR OATES 952	NO		If yes, spe	ecity Cuba 2 X NO	n, Maxicai	n, Puerto Rican, etc.)	n or No-	Black, V Specify: Whi			
	15. OECEOENT'S EOUC (Specify only highest grade of	ATION completed		ECEOENT'S					16b. KINO OF BU	SINESS/IN			
BE COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+) life	Do NOT us	d of work done during most of working 'OT use retired.)								
<u> </u>		2	Ma:	iten	nance Engineer				Hospi	tal			
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First, Middle, Ma							
E	John W. Pegram					Lona Ann Lyons							
	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code								in Codel				
2	Jessie D. Pegram 9210 Stuart Lane Clinton, MD 20735										5		
	20a, METHOD OF DISPOSITION		20b. PLACE	ANDOATEO	DE OISPO	SITION /No.	me of		0ATE 200 10	CATION	Otto an Toron	0414	
	1 Burial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	val from State	Cemetery, cre	ematory or o	her place	tor	272	Com	9/4 Ch	~1+	on born	, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	<u>Juary</u>	Lanc	1 22	NAME AN	O ACODE	CEIII	9/4 611	erte	ennam	, MD	
	· h ./_	1571	no		A	reha	rt	Fune	eral Home	e. I	nc.		
	Markon	(-lake	X 16	2	P	.0.	Box	567	7 LA Plat	ta.	MD 20	0646	
	23. PART I. Enter the diseeses, or co	omplicatione thet	ceused the de	eeth. Do n	ot ente	the mod	de of dyl	ng, such	es cerdiec or resp	retory si	rreet,	Approximata	
	IMMEDIATE CAUSE (Final	net only one ced	oo on eech line	.		•						Interval Batween Onset and Death	
	disesse or condition resulting in deeth)		/le	on w	to	2 /						Cara de la caracteria d	
l	reducing in deeth)	OUE TO	OR AS A CONSE	OUENCE OF	T):	1			,			6 mas	
z	Increase a valor of the contract of the contra	equantially liet conditions, Seesse or condition											
CERTIFICATION	Sequentially list conditions,	y, leading to immediate										15 72000	
E I	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury thet initiated events	OUE TO (OR AS A CONSE	QUENCE OF):							1	
토	resulting in death) LAST												
2												1	
A	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY FINDER PERFORMEO? AMILABLE PRIOR TO												
음Ⅱ	MTMISTELLE MEANT SUSTEEN 1 TYPES 2 THO									CC	OMPLETION OF CAUSE		
W	Beptic alcer disease												
÷	Concurrent of plant of										☐ YES 2 ☐ NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one)												
Sic		HOSPITAL: OTHER:											
≟ ∥	27. MANNER OF OEATH	26a. OATE OF I	4 Nursing Home 5 Realdence 6 E OF 28c. INJURY AT										
	1 Natural 5 Pending	(Month, De	y, Year)	INJ	URY M	WOF	RK?	но	2ed. 0E\$CRIBE HOW INJURY OCCUREO				
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At ho	me form o	tract for		1 YES 2 NO						
COMPLETED	4 Homicide 6 Could not be	building, e	tc. (Specify)	wy relitity ill	rac	ory, ornea			28f. LOCATION (Street a City or Town, State)	ind Numbe	r or Runal Rout	e Number,	
9	29a. CERTIFIER												
F	(Check only	IAN: To the bast of r	ny knowledge, de	ath occurre	d at the t	lme, deta a	and place,	and dua t	o the cause(a) and mar	ner as ata	ted.		
Ö.	2 MEDICAL EXAMINER	On the basis of ax	imination and/or i	Investigation	n, In my c	opinion, de	ath occurs	d at the ti	lme, data and placa, an	d dua to ti	ha cause(a) ar	nd manner as stated.	
HE HE	296. SIGNATURE AND TITLE OF CERTIFIER	21	10	in	- 3	7	29s. LICES	YSE NUME	SER	29d. DAT	E SIGNED (M	onth, Day, Year)	
0	/	J. Sten	food	pour	my		0	096	610	-	9/1/	2,	
= 1	TO MADE AND ADDRESS OF DEPROSE SUIT	Acres come acres	-	-	-	_		- 1 4		N. P.	11111		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	RTIF	ICATE C	F DEATH		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Las	ELLA	BECKER		IN		2. DATE	E OF DEATH	5,1991	YEAR	TIME OF DEATH
	4. SOCIAL SECURITÝ NUMBER 089-22-1334	1 🗆 M 2 🏋 F	94	t birthday) YRS.	MONTHS DAY		/Mon	E OF BIRTTN oth, Day, Year) 21,1		Country)	ACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give SUBURBAN HOSPITA RESIDENCE OF DECEDENT					THESDA			9c. COUNT	Y OF DEA	
FUNERAL DIRECTOR		de			Y, TOWN OR LO						0d. INSIDE CITY LIMITS? X YES 2 NO
VERAL	100. STREET AND NUMBER 2980 Point East	Drive				10f. ZIP CODE 3316	0			U.S.	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? t [IF YES, GIVE WAF	YES 2 X N	MED	If yes,	DECENDENT OF HISP, specify Cuban, Maxie (ES 2 X NO Spec	can, Puerto	N? (Specify Ye Rican, etc.)		4. RACE -	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EC (Specify only highest grad Elementary/Secondary (0-12) 12	UCATION de completed) College (1-4 or 5+)	(Gi	ve kind of v Do NOT us	USUAL OCCUP work done during se retired.)	ATION most of working	161	b. KIND OF BU	siness/indu		
	17. FATNER'S NAME (First, Middle, Last) Ernest Fels		<u> </u>			18. MOTNER'S N				vern	menc
TO BE	19a. INFORMANT'S NAME (Type/Print) Elaine Becker	/	196	MAILING	ADDRESS (Stre	Emil et and Number or Rura	l Route Num	nber, City or Tou	vn, State, Zip C	iode)	
	20g METNOD OF DISPOSITION 1 & Burlet 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from State	20b, PLACE A	NO DATE	Green La of disposition ther place) d Cemet	ane Dr.,	DAT	TE 20c. LO	CATION — CI	ty or Town	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE A. A	Beth	Davi	Jose	AND ADDRESS OF F Ph Gawle: Wiscons:	r's S	Sons,]	Inc.	N.W.	
ATION	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, If any, leading to immediate cause. Enter UNDERLYING	a. Ces		M &	angua ma	heno pur	toli				Interval Between Onset and Death S
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OI	R AS A CONSEO	UENCE OF	Jan	rest					Dyrus
EDICAL	PART II. Other significent condition	ns contributing to de	eth but not re	eulting i	n the underly	ing ceuse given in	Pert I.	24s. WAS AN PERFOR 1 YES 2	MED?	AN CC DF	PRE AUTOPSY FINDINGS MAILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	R/Outpatient 3	DOA	OTHER:	PLACE OF DEATH (C					
	27. MANNER OF DEATH 1 M Natural 5 Pending	28a. DATE OF IN. (Month, Day,	JURY	28b. TIME INJU	OF 28c. 1	NJURY AT NORK?	_	SCRIBE NOW II	NJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide e Could not be determined	28e. PLACE OF III building, atc.	NJURY — At horr . (Specify)	ie, ferm, e		YES 2 NO	28f. LOC.	ATION (Street a or Town, State)	and Number or	Rurai Rout	e Number,
COMPLETED	290. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the basis of exem	knowledge, deal	th occurre	d at the time, de	ite and place, and du	to the cau	ree(a) and mar	ner as stated.	auga/a) ar	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON YOU	OLUL W	OF DEATH (ITEM	27) (Ђре,	Print)	29c. LICENSE NU	MBER				onth, Day, Year)
	31. DATE FILED (Month, Day, Year) AIR 19 91	32. REGISTRAR'S	SIGNATURE	105Y	a, Md	2081	\ S	Samuel	Goldb	erg,	M.D.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CE	RTIFICA	TE OF	DEATH	RE	G. NO.		
1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF OE	ATH		3. TIME OF OEATH
JOSEPHINE		р	RATHE	3		AUG.	19. 19	YEAR	15:27 P M
	5. SEX 6	L AGE (In yrs. last		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF			HPLACE (State or Foreign
217-32-0203	1 🗆 M 2 🙀 F	87	YRS. MONTH	B DAYS	HOURS MIN.	Pec 2,	1903	Ma	ryland
90. FACILITY NAME (If not institution, give stress Shady Grove Horney RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Monto 100. STREET AND NUMBER 300 Frederick I			9b. C		ville,	EATH	1,11.0,0	onta	DEATH DMery
RESIDENCE OF DECEDENT			10c. CITY, TOW	N 00 1004	rion.				
Maryland Monte	gomery		Rocks			. =-			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				10	. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
300 Frederick	Avenue				20850		т.	I.S.	Δ
11. MARITAL STATUS 1	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N		If yes, sp	ENDENT OF HISPA ecity Cuben, Mexica 2 NO Specif	in, Puerto Ricen,	elfy Yee or No— atc.)	Spec	
									ack
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12) 7th Grade 17. FATHER'S NAME (First, Middle, Last)	ATION ompleted)	16a. DEC	EDENT'S USUAL We kind of work do Do NOT use retire	ne during me	ON pat of working	16b. KINO	OF BUSINESS/I	NDUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	Mo. I							
7th Grade			Domes	ETG			None		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	Melden Sumame)	
George McPhers	son				Ros	Le Baco	n		
19a INCODMANT'S NAME (Smallwint)		19b.	MAILING ADDR	ESS (Street	and Number or Rural			Zio Codel	
	non lat								MD 200EC
Watson H. Pratl	ner (ste	_							
20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	vel from State	of cometary, Linc	crematory or oth	er place)	emetery	0ATE 7 8/23	ROCKV	ille	own, State
21, BIGNATURE OF FUNERAL SERVICE LIGH	NSEE	4.			NO ADDRESS OF FA		OME, F	.A.	
Kinse K.	Inn	nou		ROCKI	ILLE, I	MD 208	50		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Cardia DUE TO (C	OR AS A CONSEO	DY S	rhyt	hmia	nea			Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Control Hyper	ension	HEEROPIT.	Fail	ure al	lure			
C a	The	127	eno	00					
PART II. Other algnificent conditions Blend		leath but not re		underlyin	g ceuse given in	72	WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 YES 2 NO 27. MANNER OF PEATH			<i>J</i>	26. P	LACE OF DEATH (C)	neck only one)			
EXAMINER?	HOSPITAL	ER/Outpatient 3		IER:		• D • u · m			
	28e. DATE OF II (Month, De)	NJURY	26b. TIME OF INJURY	26c. IN	JURY AT DRK? YES 2 NO		elly) E HOW INJURY (OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At hor ic. (Specify)	ne, farm, street,		- 25	261. LOCATION City or Tow	(Street and Num n, State)	ber or Rural	Route Number,
4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER									(e) end menner ee stated.
					29c. LICENSE NU	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)
290. SIGNATURE AND TITLE OF CERTIFIER	11	-/	,		-	-	D	60	(2) (2)
30. NAME AND ADDRESS OF PERSON WHO	16coca	pu p			260	301		0/1/0	191
U. NAME AND ADDRESS OF PERSON WHO	SHUM	OF DEATH (ITEM	27) (Type, Print)	0	Dols	MONE	6	NE	2080
31. DATE FILED (Month, Day, Year)	32. REGISTRAR								

68760, BALTIMORE, MARYLAND 21215-0020	scuted within 24 hours after death. Page 6 may be retained by the hospital or attending phy	nd completely filled in by the funeral director, page 5 should be detached for use as the burnarial, cremation, or removal	itic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								91	24776	
	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND		GIENE B. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Rowmond	C PI	uget			2. DATE OF DE	ATN DAY	YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TN	9) a. BIRTN	PLACE (State or Foreign	
	578-01-5907	1 M 2 🗆 F	73 YRS.	MONTHS DAYS	HOURS MIN.	Nov. 2	barj	Country	nington, DC	
~	9s. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN	OR LOCATION OF D					
DIRECTOR	RESIDENCE OF DECEDENT	SPITAL		Beth	esda	Montgo			nery	
E C	10s. STATE 10b. COUNTY	Y	10c. CI1	10c. CITY, TOWN OR LOCATION				10d, INSIDE CITY		
		UTGOME	RY	BETHE	SSDA				LIMITS?	
RAL	10a. STREET AND NUMBER	- 1 D		10	f. ZIP CODE				HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT ET	VER IN ILS ADMED	10 300 05	20811	/			States	
	1 Never Married 2 XMarried		YES 2 NO	If yes, s	DENOENT OF HISPAI Decify Cuben, Maxics 3 2X NO Specific	sn, Pusito Rican, a	Ify Yes or No-	Black	— American Indian, White, etc.	
D BY	3 Widowed 4 Divorced	WW II		1	Special Special	· ·		Specif	White	
ITE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life Do NOT u	WORL OCCUPATI Work done during m se retired.)	ON ost of working	16b. KIND (OF BUSINESS/INC	DUSTRY		
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)	Chef/	-		Rest	aurant			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		,		18. MOTHER'S NA	AME (First, Middle, A				
BE (Julien Pouget				Jos	ephine I	Oubs			
6	196. INFORMANT'S NAME (Type/Print)				and Number or Rural					
	Marian L. Pouget		20b. PLACE AND DATE		Road, Be				20817	
	1 Burial 2 Commission 3 Remo	oval from State	cemetery, crematory or of Montgomery	ther place) V Cremat	orium. I	1	e. Location — Bethesda		* * * * * * * * * * * * * * * * * * * *	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CIUTY Dhrov Er	noral	Uomo /	yrand	
	* Kahunt	Farmer	M00198	7557	t A. Pum hesda-Ch Wisconsi	evy Chas	se, Inc.	· MD	20814-3501	
	23. PART I. Enter the diseases, or cahock, or heart fellure. I	complications that ca	used the desth. Do	not anter the mo	de of dying, suc	h aa cardisc or	respiratory an	reat,	Approximate	
	IMMEDIATE CAUSE (Final	A4							Interval Batween Onset and Death	
	disease or condition resulting in death)	. MYOCARD	IAL IN	1 FARCI	100				ACUTE	
_		ARTERNISA	AS A CONSEQUENCE O	1/ /	JASC UUA	1.			6	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF	F):	THEOUDA	K VII	eme		INDGF	
S	Cause. Enter UNDERLYING CAUSE (Disesse or injury	c								
	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	F):						
핑		J								
Se l	PART II. Other significant conditions	s contributing to des	th but not resulting	n the underlyin	g csuse given in	Part i. 24a. W	AS AN AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
						1 U Y	ES 2XXNO		COMPLETION OF CAUSE DF GEATH?	
Σ :									1 YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	ACE OF DEATH (Che	eck only one)				
YSI	LES 2 - NO	HOSPITAL: 1 ☐ Inpatient 2 XER	/Outpatient 3 DOA	OTHER: 4 Nursing Nor	e 5 Residence	8 Other (Specify	')			
	27. MANNER OF OEATN 1 Natural 5 Pending	26s. DATE OF INJU		E OF 28c. INJ	URY AT	28d. DESCRIBE H		CURED	•	
B	2 Accident Investigation	28s, PLACE OF IN.	JURY — At home, farm, a	/	rES 2 NO	CULLAN			AS1LE	
	4 Nomicide 6 Could not be	building, stc.	(SDBCITY)	meet, tectory, ome		281. LOCATION (S City on Town, JOBO P.R.	State)	or-Rural Re	oute Number	
ᆲ	29s. CERTIFIER 1 CERTIFYING PHYSIC		knowledge, death occurre	d at the time, date	and place, and thus		7-01	10/0	S PEI TEXT	
COMPLETED	One) 2 MEDICAL EXAMINER	t: On the beels of sxemir	nation srid/or investigatio	n, in my opinion, d	eath occured at the	fime, dets and place	es, and dus to the	e Csuse(s)	and manner as stated.	
BE	295. SIGNATURE AND TITLE OF CERTIFIER	-0/11	nnn	2	29c. LICENSE NUM	BER	29d. DATE	E SIGNED (Month, Day, Year)	
<u>p</u>	Same	UM MY	11116	7	D0709	74	D G	120	1/4/	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF		1	1.2	>//	- lx	-/	0101	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S	SIGNATURE	USINA	WE 1-31	4350	MINIS	24	117	
	AUG 21 '91	Julia Davi	SIGNATURE							
		U								

21.11.12

N.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 has been also have the State hand and Mental Hydrene prior in burial cremation or removal

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	AIE UF	DEALL	REG.	NO.	
1	1. DECEDENT'S NAME (First, Middle, Last) Antonio Pow) p q	MPA		2. DATE OF DEAT	19	YEAR 3. TIME OF DEATH
	579-09-1350 A 1×M2□F		UNDER 1 YEAR WITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yel 9 - 2 -	37	8. BIRTHPLACE (State or Foreign Country) Italy
OR	Oa. FACILITY NAME (If not institution, give street and number) Washington Adventist NSG			or location of DE. Takoma			unty of death ontgomery
ទួ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	I the CITY TO	OWN OR LOCA	TION			10d, INSIDE CITY
DIRECTOR	Maryland Prince Georges		sville	1			LIMITS? 1 X YES 2 NO
FUNERAL	1300 Ray Road		10	20782		10g. Ci	USA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 WIFYES, GIVE WAR O	ES 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Maxicar S 2 NO Specify.	n, Puerto Rican, ato		14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) N / A	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during m tired.)	ION ost of working		BUSINESS/II	NDUSTRY
₹ I		Tai	IOL	1	Jell		
BE CO	17. FATHER'S NAME (First, Middle, Last) Raffael Pompa			18. MOTHER'S NAI	ME (First, Middle, Middle, Middle, Middle, Middle).		
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO AD	DRESS (Street	and Number or Rural F	Route Number, City of	Town, State, 2	Zip Code)
임	Grace Quattrone	1420 R	ay Roa	d, Hyatts	sville,	1d. 20	782
	### METHOD OF DISPOSITION A Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITION other place) For Lincoln	ON (Name of o	emetery, crematory or			Cily or Town, Stata
- 1	21. SIGNATURE OF FUNERAL/SERVICE LICENSEE		22. NAME	ND ADDRESS OF FAC	CILITY		oou, nu.
	· Clerk & ales	w	•	Rinaldi F N.H. Ave			ing,. Md. 20904
-	23. PART L Enter the diseases, or complications that ca shock, or heart failure. List only one cause iMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR	AS A CONSEQUENCE OF):	enter the m	ode of dying, such	h as cardiec or i	eepiratory e	Approximeta Interval Between Onset and Death
CERTIFICATION	if amy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF):					
MEDICAL	PART II. Other eignificant conditions contributing to dea	th but not resulting in t	he underlyi	ng cause given in	PE	S AN AUTOPS RFORMED?	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL		28-1	LACE OF DEATH (Che	eck only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 HO 1 Inpution 2 ER		THEM: Nursing Ho	me 5 🗆 Rasidence	6 Other (Specific		
Η	27. MANNER OF DEATH 28a. DATE OF INJ	JRY 26b. TIME O	F 28c. If	JURY AT	28d. DESCRIBE H		OCCURED
BY	1 Natural 5 Pending (Month, Dey, Y	ear) INJUR		YES 2 NO			
	- Auditoria	JURY — At home, farm, atre- (Specify)	et, factory, off	ice	26f. LOCATION (S City or Town,		ber or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MO		290/LICENSE MUN	H9	29d, Di	ATE SIGNED (Naprith, Day, Year)
2	30. NAME AND ADDRIESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, Pri	(m)	1/20 A	HA	ر ۱۱	Ved 20904
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE		1	1 1)

⋖	4
BA	The state of the s
_	1
	Ľ
•	C
-	1
0	4
9	3
8	4
9	1
V	1
8	1
\approx	4
o.	1
Ų.	-
Δ.	4
-	-
9	ì
	4
Ē	1
O	3
Ç	
ш	i
α	1
_	i
<u>a</u>	-
F	É
-	-
>	414
Щ	2
0	3
-	0
~	3
\mathbf{Q}	į
S	i
=	Ų
2	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
_	1
	i
	1

	1 - FOR STATE REGISTRAR		STATE OF MARY		EPARTMENT RTIFICATE			MENTAL	HYGIEN	E 5	31 24
	1. DECEDENT'S NAME (F	irst, Middle, Last)		DI +111				MONTH			3. TIME OF
	4. SOCIAL SECURITY NU	IMBER		Phillip GE (In yrs. lest bir	*	1 YEAR	IF UNDER 24 HRS,	7. DATE O	E OF BIRTH		1:30
	592-38-85	71	1 🔀 M 2 🗆 F	93	ALCOHOL: I	MONTHS DAYS HOURS MIN.			9"/24/1897		
_	9a. FACILITY NAME (If no		4011		9b. CITY,	96. CITY, TOWN OR LOCATION OF DEATH				7 England	
DIRECTOR	6111 Montr		ad #214		Roo	ckvi	ille			Montgomery	
REC	10a. STATE	10b. COUN		1	ec. CITY, TOWN C	CITY, TOWN OR LOCATION				_	10d. INSIDE
	Maryland 100. STREET AND NUMB		ontgomery		Re	Rockville					1 X YES
RA	6111 Mont		oad #214			107. ZIP CODE 20852					N OF WHAT COUNT Britain
FUNERAL	11. MARITAL STATUS	11-1-1				WAS DE	CENDENT OF HISP				Black, White, etc.
BY F	1 Never Married 2 3 Wildowed 4 C		IF YES, GIVE WAR OF	R DATES	If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:			irdan, etc.)		Specify: Whi	
60	15. 0	DECEDENT'S ED		16a. DECEL	DENT'S USUAL OF	CCUPAT	ION	16b.	KIND OF BUS	BINESS/INDUS	
LET		(Specify only highest grade completed) (GM ifementary/Secondary (0-12) College (1-4 or 5+)			kind of work done (NOT use retired.)						
COMPLET	47 EATHERNS ALARE (**	5+ De				rge	On 16. MOTHER'S N	AME (5)		te Pra	actice
	17. FATHER'S NAME (First, Middle, Lest) Philip Soloman						Fanni		ons	aumame)	
) BE	19a. INFORMANT'S NAM	AILING ADDRESS	S (Street	and Number or Rura			n, State, Zip Co	ode)			
5	Leslie M		lips (son)				hip Blvd				
	20a. METHOD OF DISPO	OTTON			D DATE OF DISP		A4 /A4	DATI	20c. LO	CATION - CIT	y or Town, State
	1 🗆 Burial 2💢 Crem	ation 3 🗆 Rei	moval from State					1	6 011	O = C =	adme M
		ation 3 🗆 Rei her (Specify)			an Crematory or other p	ato:	TY	8/1			ring, Ma
	1 Donation 5 Ot	ation 3 🗆 Rei her (Specify)			an Crema an Crema 22.	ator NAME A	ry AND ADDRESS OF F	8/1 FACILITY 1dber	g Memo	rial (Chapels,
	1 Buriel 27 Crem 4 Donation 5 Ot 21. SIGNATURE DE FURE 23. PART I. Enter the	ation 3 - Rei ther (Specify)	tay au	Suburb:	ematory or other p an Crema 22. Da	ator name anza 170	ry AND ADDRESS OF P ansky-Go Rockvil	8/1 FACILITY 1dber 1e Pi	g Memo ke, Ro	rial (ckvill	Chapels, le, MD.
	1 Buriel 27 Crem 4 Donation 5 Ot 21. SIGNATURE DE FURE 23. PART I. Enter the	ation 3 Rei	tagan	Suburb:	ematory or other p an Crema 22. Da	ator name anza 170	ry AND ADDRESS OF P ansky-Go Rockvil	8/1 FACILITY 1dber 1e Pi	g Memo ke, Ro	rial (ckvill	Chapels, le, MD.
	1 Buriel 27 Crem 4 Donation 5 Ot 21. SIGNATURE TO THE 23. PART I. Enter the ahock, o	ation 3 Rei ther (Specify) mall service to the diseases, or r heart fellure (Final	r complications that cause of	of cemetary, cre Suburbs	an Crema 22. Di 1.	ator name anza 170	ry AND ADDRESS OF P ansky-Go Rockvil	8/1 FACILITY 1dber 1e Pi	g Memo ke, Ro	rial (ckvill	Chapels, le, MD.
	1 Buriel 27 Crem 4 Donation 5 Ot 21. SIGNATURE 23. PART I. Enter the ahock, o	ation 3 Rei ther (Specify) mall service to the diseases, or r heart fellure (Final	r complications that cause of	Suburb:	an Crema 22. Di 1.	ator name anza 170	ry AND ADDRESS OF P ansky-Go Rockvil	8/1 FACILITY 1dber 1e Pi	g Memo	orial (ockvill fratory arres	Chapels, le, MD.
NOL	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or conditior resulting in death) Sequentially list con	e disease, or r heart feilure (Final	r complications that cause of	of cemetary, cre Suburbs	an Crema 22. Di 1.	ator name anza 170	ry AND ADDRESS OF P ansky-Go Rockvil	8/1 FACILITY 1dber 1e Pi	g Memo	rial (ckvill	Chapels, le, MD.
ICATION	1 Burial 27 Crem 4 Donation 5 Ot 21. SIGNATURE of Pure 23. PART I. Enter the ahock, o IMMEDIATE CAUSE disease or conditior resulting in death) Sequentially list con- if any, leading to im- cause. Enter UNDER	e diseases, or r heart feilure (Final	a	of cemetary, or Suburba	emetory or other pan Crema 22. Di 1. h. Do not anter	ator name anza 170	ry AND ADDRESS OF P ansky-Go Rockvil	8/1 FACILITY 1dber 1e Pi	g Memo	orial (ockvill fratory arres	Chapels, le, MD.
	1 Buriel 27 Crem 4 Donation 5 Ot 21. SIGNATURE OF THE 23. PART I. Enter the ahock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im	e diseasea, or ir heart feilure (Final hiditions, mediate ILYING injury	a	of cemetary, cre Suburbs	emetory or other pan Crema 22. Di 1. h. Do not anter	ator name anza 170	ry AND ADDRESS OF P ansky-Go Rockvil	8/1 FACILITY 1dber 1e Pi	g Memo	orial (ockvill fratory arres	Chapels, le, MD.
CERTIFICATION	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE 1 DONATION 1 DONATIO	e diseasea, or r heart feilure (Final hiditions, mediate ILYING injury	a	of cemetary, or Suburba	an Crema 22. Di 1. h. Do not anter	name A	AND ADDRESS OF F ansky-Go Rockvil Gode of dying, au	8/11 PACILITY Idber 1e Pi 1ch as carc	Memoke, Rollec or respir	orial (ockvill	Chapels, Le, MD. tt, Apprinter Onse
CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE 1 DONATION 1 DONATIO	e diseasea, or r heart feilure (Final hiditions, mediate ILYING injury	a	of cemetary, or Suburba	an Crema 22. Di 1. h. Do not anter	name A	AND ADDRESS OF F ansky-Go Rockvil Gode of dying, au	8/11 PACILITY Idber 1e Pi 1ch as carc	Memo ke, Ro liac or respi	erial (eckvill retory erres	Chapels, le, MD. It, Apprinter Onse
CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE 1 DONATION 1 DONATIO	e diseasea, or r heart feilure (Final hiditions, mediate ILYING injury	a	of cemetary, or Suburba	an Crema 22. Di 1. h. Do not anter	name A	AND ADDRESS OF F ansky-Go Rockvil Gode of dying, au	8/11 PACILITY Idber 1e Pi 1ch as carc	Memo ke, Ro liac or respi	erial (eckvill retory erres	Chapels, Le, MD. It, Apprinter Onse 24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH?
MEDICAL CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE 1 DONATION 1 DONATIO	e diseasea, or r heart feilure (Final hiditions, mediate ILYING injury	a	of cemetary, or Suburba	an Crema 22. Di 1. h. Do not anter	name A	AND ADDRESS OF F ansky-Go Rockvil Gode of dying, au	8/11 PACILITY Idber 1e Pi 1ch as carc	Memo ke, Ro liac or respi	erial (eckvill retory erres	Chapels, Le, MD. It, Apprinter Onse
MEDICAL CERTIFI	1 Burial 2 Crem 4 Donation 5 Ot 21. SIGNATURE 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or conditior resulting in death) Sequentially list confi any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other algnif	e diseasea, or r heart feilure (Final hiditions, mediate ILYING injury	a. Oue TO (OR a. Oue contributing to deat	of cemetary, or Suburba	emetory or other pan Crema 22. Di 1. h. Do not anter ENCE OF:	name / anza 170 r the m	AND ADDRESS OF F ansky-Go Rockvil Gode of dying, au	8/11 PACILITY Idber 1e Pi Ich se cerc	Memoke, Rollec or respiratory	erial (eckvill retory erres	Chapels, Le, MD. It, Apprinter Onse 24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH?
MEDICAL CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other algorithms of the sequential initiated events resulting in death) L 25. WAS CASE REFERRE EXAMINER? 1 X YES 2 NO	e diseasea, or r heart feilure (Final hiditions, mediate RLYING injury LAST	complications that cau. List only one cause of the control of the	of cemerary, or Suburba	emetory or other pan Crema 22. Display of the man cremater 1. Do not enter ENCE OF: Ulting in the under OTHER 4. Number of the man cremater A DOA A DATHER	nderlyling 26.1	AND ADDRESS OF FATTS KY—GO ROCKVII LOCA OF DEATH (Come 5 X Residence	8/11 FACILITY 1e Pi Ich sa carc A C In Part I. Check only or	Memoke, Rollec or respirate of the control of the c	erial (eckvill fratory arres	Chapels, le, MD. It, Apprinter Onse
PHYSICIAN: MEDICAL CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE & FURE 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or conditior resulting in death) Sequentially list con if arry, leading to im cause. Enter UNDER CAUSE (Disease or that initieted events resulting in deeth) L PART II. Other algorithms are suiting in deeth L 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	e diseasea, or ir heart feilure (Final injury LLYING injury LAST	a	of cemetary, or Suburba	emetory or other pan Crema 22. Display the pan of the	name A and a	AND ADDRESS OF FATIS KY—GO ROCKVII PODE OF DEATH (COMMON S IX Residence S IX Resi	8/11 FACILITY 1e Pi Ich sa carc A C In Part I. Check only or	Memoke, Rollec or respirate of the control of the c	erial (eckvill retory erres	Chapels, le, MD. It, Apprinter Onse
BY PHYSICIAN: MEDICAL CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE of PURI. 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list conif any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) PART II. Other algnif 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Accident	e diseasea, or r heart feilure (Final hinditions, mediate ILLYING injury LAST	a	Suburbased the death in each line. As a consequent the but not read the b	emetory or other pan Crema 22. D: 1. h. Do not enter ENCE OF): ENCE OF): Ulting in the un DOA OTHER DOA OTHER NAJETY	name / a anza anza anza anza anza anza anza	AND ADDRESS OF FATTS KY—GO ROCKVII LOGE OF DEATH (Common 5 X Residence Manually at 1975) PLACE OF DEATH (Common 5 X Residence Manually at 1975) PLACE OF DEATH (Common 5 X Residence Manually at 1975)	8/11 FACILITY Idber 1e Pi Ich as carc In Part I. Check only or 28d. 061	24e. WAS AN PERFOI	AUTOPSY RIMED?	Chapels, le, MD. It, Apprinter Onse
BY PHYSICIAN: MEDICAL CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE of PURI. 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list conif any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) PART II. Other algnif 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Accident	e diseasea, or ir heart feilure (Final injury LLYING injury LAST	a	Suburbased the death in each line. As a consequent the but not read the b	emetory or other pan Crema 22. D: 1. h. Do not enter ENCE OF): ENCE OF): Ulting in the un DOA OTHER DOA OTHER NAJETY	nate in a nate i	AND ADDRESS OF FATTS KY—GO ROCKVII LOGE OF DEATH (Common 5 X Residence Manually at 1975) PLACE OF DEATH (Common 5 X Residence Manually at 1975) PLACE OF DEATH (Common 5 X Residence Manually at 1975)	8/11 FACILITY Idber 1e Pi Ich as carc In Part I. Check only or 28d. 061	24a. WAS AN PERFOI	AUTOPSY RIMED?	Chapels, le, MD. It, Apprinter Onse
BY PHYSICIAN: MEDICAL CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE of Puriod 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initieted events resulting in deeth) L PART II. Other algorithms are uniting in deeth L 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Manual 5 28. CERTIFIER No. CERTIFIER NO. CERTIFIER NO. CERTIFIER NO.	e disease, or rheart feilure (Final August 1988) dittons, mediate RLYING (Injury 1988) D TO MEDICAL (Injury 1988)	a	Suburbased the death in each line. As a consequence of the but not read t	emetory or other pan Crema 22. Dia 1. h. Do not enter ENCE OF: Ulting in the un DOA 4 Nur DOA 4 Nur Show Harm, street, fact	nderlylinderly	AND ADDRESS OF FATTS KY—GO ROCKVII LOGA OF DEATH (COMPANY AT NORKY) PLACE OF DEATH (COMPANY AT NORKY) VES 2 MO	8/11 FACILITY Idber Ie Pi Ich as carc In Part I. Check only or 28d. Des	Memoke, Roller or respiration of the Person	AUTOPSY RMED?	Chapels, Le, MD. It, Apprinter Onse 24b. Were Auto AMALABLE COMPLETIO OF DEATH? 1 YES
BY PHYSICIAN: MEDICAL CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE Fuel 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or conditior reaulting in death) Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other alignifications of the control	e disease, or rheart feilure (Final August 1987) Editions, mediate RLYING (Injury 1987) AST D TO MEDICAL Pending Investigation Could not be determined	COMPICATION THAT CAU a. DUE TO (OR A b. DUE TO (OR A d	of cemetary, or Suburba	emetory or other pan Crema 22. Dia 1. h. Do not enter ENCE OF: Ulting in the un DOA OTHER I DOA 4 Nur DOA 1 Nur	nderlyling and an analysis and an analysis and an analysis an analysis and an analysis and analysis analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis analysis and analysis analysis analysis and analysis ana	AND ADDRESS OF FATTS KY—GO ROCKVII LOCA OF DEATH (Come 5 X Residence LULIV AT VORKY) VES 2 MO	B/11 FACILITY 1e Pi Ich as carc In Part I. Check only or 2st. Loc City L	24e. WAS AN PERFOR	AUTOPSY RMED?	Chapels, Le, MD. It, Apprinter Onse 24b. Were Auto AMALABLE COMPLETIO OF DEATH? 1 YES
PHYSICIAN: MEDICAL CERTIFI	1 Buriel 2 Crem 4 Donation 5 Ot 21. SIGNATURE Fuel 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or conditior reaulting in death) Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other alignifications of the control	e disease, or r heart feiture (Final LYING Injury LAST D TO MEDICAL Pending Investigation Could not be determined	a. Oue TO (OR a DUE TO (OR a DU	of cemetary, or Suburba	emetory or other pan Crema 22. Dia 1. h. Do not enter ENCE OF: Ulting in the un DOA OTHER I DOA 4 Nur DOA 1 Nur	nderlyling and an analysis and an analysis and an analysis an analysis and an analysis and analysis analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis analysis and analysis analysis analysis and analysis ana	AND ADDRESS OF FATTS KY—GO ROCKVII LOCA OF DEATH (Come 5 X Residence LULIV AT VORKY) VES 2 MO	B/11 FACILITY 1e Pi Ich as carc In Part I. Check only or 284. Dec	24e. WAS AN PERFOR	AUTOPSY NMED? In Manual Manua	Chapels, Le, MD. It, Apprinter Onse 24b. Were Auto AMALABLE COMPLETIO OF DEATH? 1 YES

24778

DHMH-16 Rev 1/85

-		1	
		Pages	1
BALTIMORE, MARYLAND 21215-0020	uires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, Heath and Mental Hygiene prior to burial, cremation, or removal.	ws any injury, or other traumatic event, the medical examiner must be notified at once.
BA	after de	y the fu	cal ex
	nours a	or rem	medic
	nin 24	nation,	I, the
760	led with	al, crer	even
X 68	execut	in and of	umatic
BO	icate be	physicia ne prior	er tra
0.	n certif	nding Hygier	or oth
CORDS, P.O. BOX 68760,	he death	signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal.	njury,
ORI	that th	th and	any li
Ö	uires	Sign	¥.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examin
DIVISI	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR:	be filed within 72 hours after	IMPORTANT: If Item 28 I
		1	7	

REGISTRAR		CERTIFIC	CATE OF DEA	TH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					TE OF DEATH		3. TIME OF DEATH
GERM	AN E.	F	EREZ	MC	Aug. 19		7:00 a M
4. SOCIAL SECURITY NUMBER 007-07-0961	5. SEX 6.		IF UNDER 1 YEAR IF UNDE	MIN. (M	TE OF BIRTH onth, Day, Year) b. 20,19	8. BIRT	HPLACE (State or Foreign
9e. FACILITY NAME (If not institution, give	street and number)	, ,	9b. CITY, TOWN OR LOCAT		20,13	9c. COUNTY OF	
SUBURBAN HOSPI	TAL		BETHESDA	MO	NTGOMERY		
SUBURBAN HOSPI RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STREET AND NUMBER 5225 Pooks Hill 11. Marital Status 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried 1. Never Merried	ntgomery		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	negomery	De	thesda			40- OITIZEN OF	1 X YES 2 NO
5225 Pooks Hill	Road #162	28 S	Tor. 21P COL	20814		Venezi	
3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT H yes, specify Cub X YES 2 NO	en, Mexican, Pue	IGIN? (Specify Yee rto Ricen, etc.)		E — American Indian, ek, White, etc.
15. OECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of work	lna I	156. KIND OF BUS	INESS/INDUSTRY	-
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Diploma	rk done during most of work retired.)		Gove	rnment	
17. FATHER'S NAME (First, Middle, Last)		- Dapaome		HER'S NAME (Fir	sl, Middle, Maiden S		
Miguel V. Per	ez			[sabel	Lossada		
Miguel V. Pero		19b. MAILING	DDRESS (Street and Number	or or Rural Route A	lumber, City or Town	, State, Zip Code)	
Mary S. Perez		5225 E	ooks Hill H	Road Be	ethesda,	MD 2081	14 #16285
20a. METHOD OF DISPOSITION X Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	noval from State	of cemetary, crematory of Gate of He	of Disposition (Name rother place) aven Cemete	erv 8-		ation – chy or t 1ver Spi	own, State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE AL	0, _	Joseph Ga	wler's	Sons, I	nc. N.V	J.
1 metal	(6.100	100	5130 Wisc				
23. PART I. Enter the diseases, or ahock, or heart feliure IMMEDIATE CAUSE (Final disease or condition	List only one cause	on each line.	Cardiac i	Arrest	cerdiec or reepii	ratory arrest,	Approximate Interval Between Onset and Death
resulting in death)	DUE TO (OF				-		
2	b	arterios	clerate	Hen	f Dia	ease	11 yre
Sequantielly list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEQUENCE OF					
Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OF	R AS A CONSEQUENCE OF					
PART il. Other algolficent condition	ne contribution to de	ath but not regulting in	the underlying course	shipp in Rest	. 24a, WAS AN	ALTTOREY A	b. WERE AUTOPSY FINDINGS
	was contributing to de	acti but not resulting ii	The underlying cause	given in Part	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	DEATH (Check on	ly one)		
EXAMINER?	HOSPITAL:		OTHER:				
27. MANNER OF OEATH	25e. DATE OF IN. (Month, Day,	JURY 28b. TIME	OF 28c. INJURY AT	25d.	DESCRIBE HOW II	NJURY OCCURED	-
2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28a PLACE OF I	NJURY — At home, farm, st c. (Specify)		28f.	LOCATION (Street e City or Town, State)	and Number or Rura	Route Number,
enel enel		knowledge, death occurre					(e) and menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFI	1 750	n my	18	CENSE NUMBER			t 19.1991
	FEDOR M.D.		ath. Ave NW	Washin	gton, D.	C. 200	16
31. DATE FILED (Month, Day, Year) AUG 21 *91	22. REGISTRAND	Widom Pandall					

3. TIME OF DEATH

YEAR

2. DATE OF DEATH MONTH

DAY

2	1	6	4	1	Q	U

pino		4. SOCIAL SECURITY NUMBER 579 14 5845 9a. FACILITY NAME (If not institution, give s	1 🖾 🔏 2 📑 68	yrs. last birthday) YRS.	#F UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN C	IF UNDER 24 HRS. 7, D	gust 2, ATE OF BIRTH Month, Day, Year) t 20, 19	22 No		e (State or Foreign Orth Oakota
	OR		ck Hall, Md.		Rock Ha	11		Kent		
	DIRECTOR	10a. STATE 10b. COUNT Maryland Ke		RFD	Rock H					INSIDE CITY LIMITS? YES 2 NO
n. ansit permi	FUNERAL	100. STREET AND NUMBER RFD Piney Neck			216	ZIP CODE	•	10g. CITIZEN	OF WHAT	COUNTRY?
3146 Iling physician. the burial-transit permit	B	11. MARITAL STATUS Married 1 Never Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 M YES IF YES, GIVE WAR OR DATE NAVY WW 2	2 NO		ENDENT OF HISPANIC OF HISPANIC OF Secity Cuban, Maxican, Put		or No — 14.	Black, Whi Specify: White	
AND 21203-3146 the hospital or attending physician. detached for use as the burial-fran	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT us FBI		ON st of working	Invest	igatio		
# E & E	BE CON		ohn Roderick			18. MOTHER'S NAME (F Esther K		Surname)		
8 2 m	2	19a INFORMANT'S NAME (Type/Print) Rosealma Roderic	k (Wife)	196. MAILING RFD	ADDRESS (Street a	and Number or Rural Route	-	n, State, Zip Coo Rock Ha	-	١d.
ALTIMORE, I beath. Page 6 may be funeral director, page examiner must be		20a. METHOD OF DISPOSITION 1	ca Ca	other place)	SITION (Name of cer rematory	(0 /= /01)		cation - chy er, De		tate
a) - 0		21. SIGNATURE OF TUMPIAL SERVICE LI	illio (Dell		ND ADDRESS OF FACILITY		P.O. B		264 21620
24 hours after filled in by to remo		IMMEDIATE CAUSE (Final disease or condition	complications that caused List only one cause on each	ch line.			cerdlec or resp	Iratory arrest		Approximate interval Between Onset and Death
4 8 2 3 5	N	resulting in death)	DUE TO (OR AS A ()		
OX ate be ysician prior t	ICATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C							
th certification of other	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A (CONSEQUENCE OF	r):					
RDS, that the d bd by the h and Mei	EDICAL C	PART II. Other significant condition	ns contributing to death bu	it not resulting	in the underlyin	g cause given in Part	I. 24a. WAS AN PERFOI 1 YES 2	RMED?	AWAII	IE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?
ECORE equires that en signed by of Health an	ME									YES 2 NO

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 YES 2 NO 27. MANNER OF DEATH 1 Natural

5 Pending Investiga

2 Accident 3 Suicide 8 Could not be determined 4 Homicide

М 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

1 | Inpatient 2 | ER/Outpatient 3 | DOA

28a. DATE OF INJURY (Month, Day, Year)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28d. DESCRIBE HOW INJURY OCCURED

▶Aug.

3,

26. PLACE OF DEATH (Check only one)

D-13824

ng Home 5 - Residence 8 - Other (Specify)

1 EXCERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and menner ee stated. 2 MEDICAL EXAMINER: On the basis of examina

28b. TIME OF INJURY

OTHER:

ation and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

28c, INJURY AT WORK?

1 YES 2 NO

296. MANATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

JOHN C. SEYMOUR, M.D. Chestertown, Maryland 21620

31. DATE FILED (Month, Day, Year)

29a. CERTIFIER (Check only one)

Julia Davidson Hondara

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law re TO THE FUNERAL DIRECTOR: After this certificate has bee be filed within 72 hours after death with the State Dept. of IMPORTANT: If Item 28 is marked, or Item 23 st DIVISION OF VITAL R

PHYSICIAN:

BY

COMPLETED

BE

2

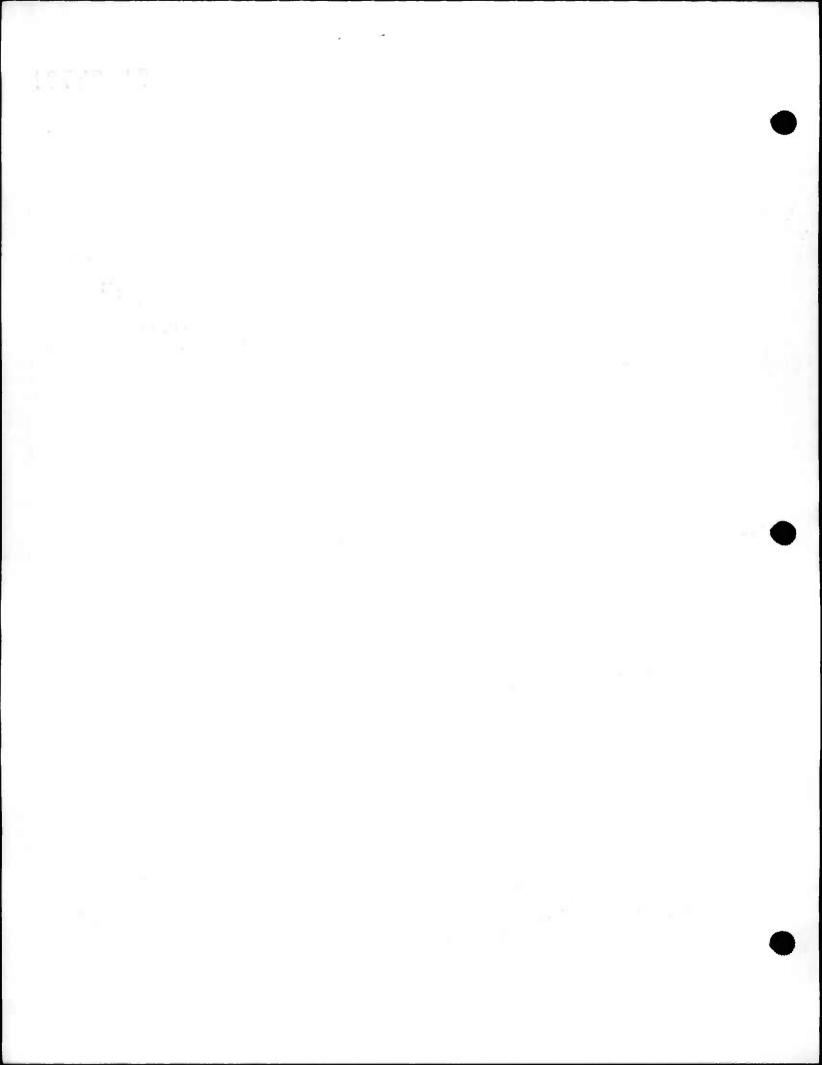
DHMH-16 Rev 1/89

ateria -a

	once.	
	75	ì
	notified	
	pe	ŀ
	must	ĺ
J.	lical examiner must b	
r remova	edical	Ì
0.1	1 3	l
atio	#	ŀ
, crem	traumatic event,	l
unia	tic	l
2	E	ı
prior	Ē	١
Miene	r other t	
Y	0	l
Menta	njury,	ı
and	W.	l
-lealth	WS al	I
5	8	I
Dept.	im 23 shows a	l
State	item	I
the	6	Ì
Vith Vith	ed,	۱
uth v	nari	١
de	1 S	١
after	28	ı
NOUIS	item	I

IMPORTANT: II

_	nedistran			OLITTI	IOAII		בבת			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Clinton Jame	es Rilev							2. DATE OF MONTH AUGUS	O.A.	1	991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In vrs	s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF	BIOTH			IPLACE (State or Foreign
	216-38-9708	1 💢 M 2 🗌 F		03 YRS.	MONTHS	DAYS	HOURS	MIN.	April	7. 1	888	Countr	nsylvania
ŀ	9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CIT	Y, TOWN	OR LOCATI				9c. COU	NTY OF D	
8	At Home	(Mill 1	Lane)	Gal	ena.	Mar	vlan	d		Ken	t	
8	RESIDENCE OF DECEDENT							<i>J</i> = 0 = 1		_	******		
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
ā	Maryland Kent			G	alen	a							XX YES 2 NO
A	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
E	Mil:	l Lane					2	1635				US	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED	13.				IIC ORIGIN? (S n, Puerto Rice		or No-	14. RACE Black	E — American Indian, k, Whita, atc.
ВУ	1 Never Merried 2 X Married 3 Widowed 4 Divorced	FORCES?	AR OR DATES	XX		1 YES	2X NO	Specify	r:	11, 0100)		Speci	ffy:
													White
	15. DECEDENT'S EDU((Specify only highest grade		16e	(Give kind of	work done	durina me	ON ost of worki	ng		ND OF BUS			
9	Elementery/Secondary (0-12)	College (1-4 or 5		life. Do NOT u			O	T1. 1				y for	r the State
M	Syrs.		127	ropaga	gion	OI	_			Ohi			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd	lle, Malden	Sumame)		
H	Louis Riley							a Ame					
2	19a. INFORMANT'S NAME (Type/Print) Lillian K. Rile	~							Route Number,		n, State, Zi	p Code)	
		₹Ų	1.000000		-			4	. 2163				
	20e. METHOD OF DISPOSITION 1 Burial 25 Cremetion 3 Rem	oval from State	Othi	ace of dispo or place) ital C	SITION (A	towe	metery, crei	matory or				City or To	own, State
	4 Donetion 5 Other (Specify)	ENGEE	Cap).	Ital C			ND ADDRE	CO OF EA	CHITY	LOV	er, l	ber.	
	N n	/11			1				al Hom	P.			
	Hary B.J	ellores									ingt	on. I	Md. 21651
	23. PART I. Enter the diseases, or cashock, or heart failure.	I lot anks and an	too on soch	Man a						or respi	ratory er	Test,	Approximata interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	0	OR AS A COL	1.0	110	1	-	. 1					Onset and Death
	resulting in deeth)	s. OUE TO	COR AS ACCO	NSECUENCE C	5	ay	1-0	سلار	ne				
	_	502 10	CA	No contract of	π. γ.								i
ĕ	Sequentielly list conditions,	b. DUE TO	(OR AS ACOI	NSEQUENCE C)F):								
X	If eny, leading to immediate cause. Enter UNDERLYING												
필	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CO	NSEOUENCE C	F):								
CERTIFICATION	resulting in daeth) LAST	d.											
2	DADT II. Other significant can distant		double been a		the state of		. 20.00	-6	mar I a				
MEDICAL	PART II. Other significant condition	is type		4	In the u	ınderiyir	ig ceuse	given in	Part I, 24	e. WAS AN		248	AWAILABLE PRIDR TO COMPLETION OF CAUSE
ă	4 Steiner	2 miles	den	namu	a				_ 1	YES 2	NO		OF DEATH?
2	Horuc S	unor							_				1 TES 2 NO
ÿ	Prostate	can	cer_										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I TUSH II — I —		OTHE	ER:		reconstruction of	eck only one)				
YS	1 TYES 2 NO	1 🗆 Inpatient 2						lasidence	8 Other (S				
표	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE Of (Month,	Pay, Year)	28b. Til	JURY	W	JURY AT ORK?	_	28d. DEŞCR	IBE HOW I	NJURY O	CCURED	
B	2 Accident Investigation						YES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	building	of INJURY — / , etc. (Specify)	A1 nome, rarm,	atroot, in	ictory, offi	ce			ON (Street of Town, Stete)		er or Hurai	Route Number,
COMPLETED									ŀ				
AP.	29a. CERTIFIER (Check only one)												
ő	2 MEDICAL EXAMINE	R: On the beels of	exa <i>m</i> ination an	d/or investigat	on, in my	opinion,	death occu	ared at the	time, date en	d place, er	d due to t	the ceuse(e) end menner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
TO B	# Leuth	- 1					7	30.	241			81	8 191
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH	(ITEM 27) (Typ	e, Print)				1	. /	. ,	1 7	/
	KOBERT DEN'T	3/0 K	AR'S SIGNATU			ma	. 21	913	Ce	cil-	Ken	t FA	mily fractice
6	AUG 16 '01	Lu	his David	son-Rang	tell								•



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		CEF	RTIFIC	CATE OF	DEATH	RE	G. NO.		L TIOL
	1. DECEDENT'S NAME (First, Middle, Last) Otig	Wiles	Rhoade				2. DATE OF DATE AUG .	FATH	99Ĭ ^{EAR}	3. TIME OF DEATH 1:00 a #
- 8	4. SOCIAL SECURITY NUMBER 038-24-4688	5. SEX 1 X M 2 F	6. AGE (In yrs. last b		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI Jan .	111,189	a. BIRTI	NPLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give so Homewood Reti		Center			Frederi			rede	erick
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Fre	derick			TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10c. STREET AND NUMBER 400 Fairview Aven	ue			101	ZIP COOE 21701	L	10g. (S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARME AYES 2 NO AR OR DATES WAY I		If yes, sp	ENDENT OF HISPAI acity Cuban, Maxica 2 NO Specif	n, Puerto Ricen			E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	(Give	kind of wo	ISUAL OCCUPATION done during monetired.)	st of working		of Business.		
COM	17. FATHER'S NAME (First, Middle, Last) Charles Melvi	n Rhoad	es			16. MOTHER'S NA	ME (First, Middle		•)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Mary Anna		19b.	MAILING	ADDRESS (Street of	nd Number or Rural	Route Number, C	ity or Town, State,	Zio Code)	id. 21702
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremetion 3 □ Ram 4 □ Donation 5 □ Other (Specify)		20b. PLACE AI	NO OATE	of Disposition of the place)	(Name	DATE	20c. LOCATION	— City or T	
	21. SIGNATURE SERVICE LIC Richard C.	1 1/1/1	stone	-	Keen	O ADDRESS OF FA	sford	P.A.	Fune	ral Home 1. 21701
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	b. DUE TO	(OR AS A CONSEOU	UT JENCE OF	lung					Onset end Deeth
MEDICAL CER	PART II. Other algorificant condition	d	death but not rec	euiting le	n tha underlyin	g cause given in		WAS AN AUTOP PERFORMED? YES 27 NO		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF OEATN (C	heck only one)			
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation			28b. TIME	OF 28c, IN.	Ne 5 Residence NURY AT DRK? YES 2 NO		ecify) BE HOW INJURY	OCCURED	
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE Coulding,	OF INJURY — At hom, etc. (Specify)	e, farm, s	treet, factory, offic	•	26f. LOCATIO City or To	N (Street end Nui wn, State)	mber or Rural	Route Number,
COMPLETED	CONSCINUTE CONTRACTOR	The second second	f my knowledge, deal							(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Je-1			nal.	29c, LICENSE NU	MBER			27,1991
_	Dr. A. Austin	Pearre,	ør. M.	D.		st 9th	St.,F	reder	ick,	Md. 21701
Ц	AUG 28 1991	whe Davidso	HE Madian	. 1						

91 2:702

janganakan kanakan pengangan dikan s

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	9	1 247
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	Shirley F.	Robinso			Aug. 26, 1	991	9:40 p
	4. SOCIAL SECURITY NUMBER 228-92-6890		MO	UNDER 1 YEAR IF UNDER 24 HRS. HTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3.14.32	Coun	
	9e. FACILITY NAME (If not institution, give a		9	CITY, TOWN OR LOCATION OF E		c. COUNTY OF	Virginia DEATH
	Frederick Memor	ial Hospital		Frederick		Frede	rick
DIRECTOR	10e. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCATION	· · · · · · · · · · · · · · · · · · ·		10d. INSIDE CITY LIMITS?
	MD. FA	<u>lederick</u>	Free	derick	1	Ing. CITIZEN OF	1 YES 2 NO
ONEHOL	1331 Hillcrest I	rive		21702		USA	
ı	11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Ricen, etc.)	Bla	CE — American Indian, ck, White, atc.
	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S USI	JAL OCCUPATION done during most of working tirad.)	16b. KIND OF BUSIN	ESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	packer	ered.)	Jeanne B	Bussard	Workshop
	17. FATHER'S NAME (First, Middle, Last)		_ pucket	16. MOTHER'S N	AME (First, Middle, Melden Sur	mame)	
	Joseph Shirle	y Robinson			Lavinia Fl		
2	190. INFORMANT'S NAME (Type/Print) William Edgar Ro	himton		DRESS (Street end Number or Rura			
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF	DISPOSITION (Name		7 7 7 () 1 TION — City or	
	1 Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State of c	beneezer t	Baptist Cemete 22. NAME AND ADDRESS OF F	ru Glou	cester	Va.
i	21. SIGNATURE OF FUNERAL SERVICE U	CENSEE					
	(Xaymord 5	eterson)		Stauffer Fun Frederick, M	anuland 2170	2	(1819
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	bDUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	rasselem a	ecident		2 als
اد	PART II. Other algnificant condition	ns contributing to death be	ut not resulting in 1	he underlying cause given i	n Part I. 24a. WAS AN AL	JTOPSY 24	b. WERE AUTOPSY FIND
MEDICAL	Down	Syndy			PERFORMI 1 NES 2	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUDF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	Check only one)		
200	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 1 Inpatient 2 ER/Outp		THER: Nursing Home 5 Residence	8 🗆 Other (Specify)		
10 Pu	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED) Tay
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, fectory, office	281. LOCATION (Street and City or Town, State)	d Number or Rura	l Route Number,
COMPLETED	onel			it the time, date and place, end do			e(a) and manner as stat
DE C	29b. SIGNATURE AND TUPLE OF CERTIFIE	000	1	29c. LICENSE N	UMBER	29d. DATE SIGNI	ED (Month, Day, Yeer)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (See	D/9	029	0/2	2/9/
	Charles 1	P Clark	U-27	51. Thom	as Job 2 -	D.	- Forch
	AUG 2.8 1991	32 BEGISTRAR'S SIGN	ATURE NO A CO				1 000
	AUG 28 1991	min kin aser I for				2	

DHMH-18 Rev 1/89

notified at once

pe

medical

*1991

9	9
ğ	38
at a	88
0	70
pital	2
hos	SC.
2	det
6	28
8	용
tain	S
9	2
ay b	pag
Ë	100
Je 6	200
S	9
ŧ.	Ther
9	5 -
ffe	the same
55	P P
200	50
24	ig ig
thic	Tal al
*	혈
oted	<u>8</u> ' <u>e</u> ,
900	Pa ad
9	r to
te	ysic
150	E e
5	ding
att	al t
de	Aem A
ŧ	y th
that	4 4 4
São	igh
inde	S H
×	F Pe
9	has De
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
AN	riffic ne S
Sic	# C
F	this
NG	the math
N	Y. A
E	afte afte
RA	SE SE
0	5
AN	\$ P
SS	UN I
EH	E A
王	도를
0	2 9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 01 REG NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 0100 0 0-1 109 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 -Maryland 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Center Medical Annapolis Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland Annapolis Anne Arundel FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1460 Cape St. Claire Road 21401 S.A 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 XNO Specify: 1 Never Married 2 Merried Specify: White BY 3 🔯 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5 +) 12 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) William H. May Isabel Patterson Conkling 196. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, By Code) timore, MD

7 E. Redwood St., 21204 19a. INFORMANT'S NAME (Type/Print) 2 Conkling William H. 20s. METHOD OF DISPOSITION
1 Duriel 2 Termation 3 Removal from State
5 Onation 5 Other (Specify) 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name DATE examiner must 8/26 tan Crematory Alexandria. VA ATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 147 Gloucester St. An 21401 0 Annapolis MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximata interval Betwe Onset and Death **IMMEDIATE CAUSE (Final** the disease or condition_ EPTI CEMIN resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): RLL Parumonia AND 11 MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO DEMORATION Acidore COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pendin M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Anthony Caputo M.D 132 Holiday Court, Annapolis MD 33. REGISTRAR'S SIGNAPURE

ž.

M. K. wangapan

140, BALIIMORE, MARTLAND	suted within 25 mours after death. Page 6 may be retained by the host	1 completely filled in by the funeral director, page 5 should be detache unal, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-wours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						,	31 24 185
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND A		T OF HEALTH AND I E OF DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Stella Stella	Lewis	Ruther	ford	08/25		M
		SEX 6. AGE (In yrs. In	MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 9-20-18	0	SIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street	and number)	9b. CIT	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
TOR	Anne Arundel Med	lical Center	A	nnapolis		Ann	e Arundel
DIRECTOR	10a. STATE 10b. COUNTY Anne	e Arundel	10c. CITY, TOWN Sever	on Location na Park			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 108 Wiltshire La	ane		101. ZIP CODE	146		of what country?
	I C Iterat marino T C marino	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	BMED 13.	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxico 1 YES 2 NO Specifi	in, Puarlo Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
р Вү	3 Widowed 4 Divorced						White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade continued to the contin	mpleted) (ECEDENT'S USUAL (Give kind of work done is. Do NOT use retired.)	during most of working	18b. KIND OF BU	SINESS/INDUST	RY
P	Claims Hary Secondary (0-12)	Joneye (14 of 54)	Homemake	r	Home		
O	17. FATHER'S NAME (First, Middle, Last)		THOUSE THE THE		ME (First, Middle, Maiden	Surname)	
BE C	John Lewis			Marv	Magdelene	Muir	
	19a. INFORMANT'S NAME (Type/Print)	:1	9b. MAILING ADDRES	\$ (Street and Number or Rural			de)
2	Mrs. Pauline Tur	clington	108 Wilt	shire Lane	Severr	na Park	MD 21146
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova	20b. PLACI	E OF DISPOSITION (N	lame of cemetery, crematory or	20c. LC	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	Pa:	rkwood Ce	meterv	Bal	timore	MD
	21. SIGNAPONE OF FUNEFIAL SERVICE LICEN	SEE	22	NAME AND ADDRESS OF FA		Ritchi	
	* LUU (1. (1.	Juna -	E	Barranco Fune	eral Home S	Severna	Park MD 21146
	23. PAR I. Enter the diseeses, or com			r the mode of dying, suc	ch as cardiec or reap	iratory arrest	
	shock, or heert fellure. List IMMEDIATE CAUSE (Finel	it only one ceuse on eech ilr	10.				Intervel Between Onset and Death
	diseses or condition a	Sepsi:	5 '				
	reading in death,	DUE TO (OR AS A CONS	EOUENCE OF:	0			
Z	Sequentially list conditions, b			sculas a	isease	•	
Ę	If any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):				
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury	BUE TO (OR AS(A CONSI	ence,				
CERTIFICATION	that initiated events resulting in death) LAST	BUE TO (OH ASIA CONSI	EOUENCE OF):				
	d						+
	PART II. Other significent conditions of	contributing to deeth but not	resulting in the u	inderlying ceuse given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA		nanl			1 TYES	2 NO	OF DEATH?
Σ		700.9		<u> </u>			1 UYES 3 UNO
AN	25, WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	hack anth one)		/~ F
PHYSICIAN:		IOSPITAL:	3 DOA 4 N				
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ Р	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	M	WORK? 1 YES 2 NO			
ED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At I building, atc. (Specify)	home, farm, street, fa	ctory, offica	28t. LOCATION (Street City or Town, State		Rural Route Number,
	and CENTIFIED				<u> </u>		
COMPLET	contact only	AN: To the best of my knowledge, on the bests of axamination and/o					suse(a) and menner as stated.
	296. SIGNATORE, AND TITLE OF CERTIFIER	. 20. 11:0		296 DICENSE NU	MBER -	29d. DATE SI	NED (Monthy Day, Year)
) BE	Immash	rablemo		003	56/	181	26/91

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

9

31. DATE FILEO (Month, Day, Year)
AUG 2 8 1991

the succession of the second

e hos	etache	nce.
y th	Pe	at
99	Pin	pa
etair	Sho	틀
90	ge 5	
nay	, pa	2
9	ector	Ë
Page	din	10
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 70 hours after death with the State Dent of Health and Mental Houles enter in hunds, cremation, or removal	IMPORTANT. If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ter	the sale	100
53	JO E	ge
0	P 0	Ē
ė	ly fil	\$
withi	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire side within 29 hours after death with the State Deat of Health and Merical Health price to build cremation or removal	went
cute	d co	IIc
8	a u	E
2	sicial	2
ficat	Page 1	10
Cert	ding	8
ath	tral 1	0 '
De d	Mer	흦
at t	30	Į.
as th	gned	100
quir	IS IN	N N
W re	pee L	38
he	has De	2 H
Z.	State	1
CIA	the th	0
H-S	his d	ke d
NG P	ter t	Ta.
N	A P	.00
ATTE	05	28
8	DIR	Fel
B	38	=
OSP	UNE	M
포	中国	F
TO	T P	MP
-	- 5	-

DR. PAUL SNOW. N

	ICON		10.0				MONT			YEAR	3. TIME OF DEATH
ANNIE ELLEN ROBIN 4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	AUGI	OF BIRTH	8, 1		3:45 A HPLACE (State or Foreign
220 32 3981	1 🗆 M 2 🙀 F	78	YRS.	MONTHS	DAYS	HOURS MIN.	(Mont)	1 4 / 13		Coun	KNOWN
9a. FACILITY NAME (If not institution, give street	41	7.0		9b. CITY,	TOWN O	R LOCATION OF		1/ 10	9c. CO	UNTY OF I	
SACRED HEART HOSP	PITAL			CUM	BERI	AND			AL	LEGA	NY
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	TON					10d. INSIDE CITY LIMITS?
MARYLAND ALL:	EGANY		EC	KHAI	RT						1 TES 2 MO
10e. STREET AND NUMBER					101.	ZIP CODE			10g. Ci	TIZEN OF	WHAT COUNTRY?
GENERAL DELIVER	Y, ECK	HART				21528	8			U.S	.A.
11. MARITAL STATUS 1. Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR VES 2 1	MED 10		If yes, spe	ENDENT OF HISP ecity Cuben, Mexi- 2 NO Spec	can, Puerto		or No	14. RAC Blac Spec	•
15. DECEDENT'S EDUCAT	TION		CEDENT'S				168	. KIND OF BUS	SINESS/IN	DUSTRY	WHITE
(Specify only highest grade co	ompleted) College (1-4 or 5	Ma	ive kind of v . Do NOT us	work done (e retired.)	during mo	at of working	1,721	ALC: NO	on comment of the		
6			USEW	ORK			1	PEOPL	E'S	HOM	ES
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S P	NAME (First,	Middle, Malden	Sumame)		
UNKNOWN							UNKI	NOWN			
19e. INFORMANT'S NAME (Type/Print)						nd Number or Run					
HENRY LEWIS		(GENE	RAL	DEI	LIVERY	, ECI	KHART	, MI	21	.528
20a. METHOD OF DISPOSITION 1 □ Burial 2 ☑ Oremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)	al from State	other pl	ace)			netery, cremetory o					own, State
4 Donation 5 Other (Specify)		_ SMIT	HBUR			TORIUM		SM	ITHE	BURG	, MD
1///	5///-			22.	NAME AN	ID ADORESS OF	FACILITY	001100		73750	
· I IIIIIIIII	1115	Dur	20	60	0 W	MAIN					AL HOME MD 2153
23. PART I. Enter the diseases, or cor	mplications the	SOUR	eth. Do r				ST.	, FRO	STBU	JRG,	MD 2153
shock, or heart fallure. Lis	mplications the	at caused the de	eath. Do r				ST.	, FRO	STBU	JRG,	MD 2153 Approximate interval Between
shock, or heart failure. List IMMEDIATE CAUSE (Fine) disease or condition	at only ona ca	use on each lins	١.	not enter			ST.	, FRO	STBU	JRG,	MD 2153 Approximate interval Between
shock, or heart fallure. Lie IMMEDIATE CAUSE (Finel	COMPL	at caused the dause on each line ETE HEAD OR AS A CONSE	RT BL	OCK			ST.	, FRO	STBU	JRG,	MD 2153 Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	COMPL DUE TO FIBRI	ETE HEAD OF AS A CONSE	RT BL OUENCE OF RIGH	OCK F:	tha mo	de of dying, su	ST.	, FRO	STBU	JRG,	MD 2153 Approximate interval Between
shock, or heart failure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	COMPL DUE TO FIBRI DUE TO	ETE HEAD OF AS A CONSE	RT BL OUENCE OF RIGH OUENCE OF	OCK F): (T CO	RONA	de of dying, so	ST.	FRO:	STBI	JRG,	MD 2153 Approximate interval Between
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	COMPL DUE TO FIBRI DUE TO STATU	ETE HEAD OR AS A CONSE	RT BL OUENCE OF RIGH QUENCE OF	OCK F: T CO F: THROM	RONA	de of dying, so	ST.	FRO:	STBI	JRG,	MD 2153 Approximate interval Between
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	COMPL DUE TO FIBRI DUE TO STATU	ETE HEAD OF AS A CONSE	RT BL OUENCE OF RIGH QUENCE OF	OCK F: T CO F: THROM	RONA	de of dying, so	ST.	FRO:	STBI	JRG,	MD 2153 Approximate interval Between
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	COMPL DUE TO FIBRI DUE TO STATU	ETE HEAD OR AS A CONSE	RT BL OUENCE OF RIGH QUENCE OF	OCK F: T CO F: THROM	RONA	de of dying, so	ST.	FRO:	STBI	JRG,	MD 2153 Approximate interval Between
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	COMPL DUE TO FIBRI DUE TO STATU DUE TO	ETE HEAD OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	RT BL OUENCE OF RIGH QUENCE OF	OCK P: T CO P: THROM	RONA	da of dying, su ARY ARTE	ST.	FROS diec or respi	STBU	JRG,	MD 2153 Approximate interval Betwee Onset and Dec
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	COMPL DUE TO FIBRI DUE TO STATU DUE TO	ETE HEAD OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	RT BL OUENCE OF RIGH QUENCE OF	OCK P: T CO P: THROM	RONA	da of dying, su ARY ARTE	ST.	MORAL A	STBU	JRG,	MD 2153 Approximate interval Betwee Onset and Decomposition To Computation or Co
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	COMPL DUE TO FIBRI DUE TO STATU DUE TO	ETE HEAD OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	RT BL OUENCE OF RIGH QUENCE OF	OCK P: T CO P: THROM	RONA	da of dying, su ARY ARTE	ST.	MORAL A	ARTE	JRG,	MD 2153 Approximate interval Betwee Onset and Decided Conset and Deci
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	COMPL DUE TO FIBRI DUE TO STATU DUE TO	ETE HEAD OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	RT BL OUENCE OF RIGH QUENCE OF	OCK P: T CO P: THROM	RONA	da of dying, su ARY ARTE	ST.	MORAL A	ARTE	JRG,	Approximate interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onse
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	COMPL OUE TO FIBRI DUE TO STATU DUE TO contributing to	ETE HEAD OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	RT BL OUENCE OF RIGH QUENCE OF	OCK F): T CO F): THROM F):	RONA BECT	da of dying, su ARY ARTE	ST.	ORAL A	ARTE	JRG,	MD 2153 Approximate interval Betwee Onset and Deconset a
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	COMPL OUE TO FIBRI DUE TO STATU DUE TO contributing to	ETE HEAD OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	RT BL OUENCE OF RIGH OUENCE OF	OCK F): IT CO F): IHROM F): In the un	RONA BECT	ARY ARTE	ST. In Part I.	MORAL A	ARTE	JRG,	MD 2153 Approximate interval Betwee Onset and Decomposition of Cause Of Death?
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\subseteq \text{NO} \) 27. MANNER OF DEATH	COMPL OUE TO FIBRI DUE TO STATU DUE TO contributing to	ETE HEAD OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	RT BL OUENCE OF RIGH OUENCE OF PS T OUENCE OF	OCK F): IT CO F): THROM F): In the un	RONA BECT aderlying 26. Pt R: abling Hom 28c. INJ	ARY ARTE	ST . In Part I.	MORAL A	ARTE	JRG, rrest,	MD 2153 Approximate interval Betwee Onset and Deconset a
Shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\subseteq \text{NO} \)	COMPL DUE TO FIBRI DUE TO STATU DUE TO Contributing to	DETE HEAD OF AS A CONSECUTION OF AS A CONSECUT	RT BL OUENCE OF RIGH OUENCE OF P, T OUENCE OF	OCK F): T CO P: THROM F): OTHER 4 □ Nur	RONA BECT 26. Pt R: sing Hom 28c. INJ WO 1	ARY ARTE	ST . In Part I.	MORAL A	ARTE	JRG, rrest,	MD 2153 Approximate interval Betwee Onset and Deconset a
shock, or heart failure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 \(\subsection{1}{2} \) NO 27. MANNER OF DEATH 1 \(\subsection{1}{2} \) Netural \(5 \) Pending	COMPL DUE TO FIBRI DUE TO STATU DUE TO Contributing to Linpetient 2 28e. DATE Of (Month,)	ETE HEAD OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	RT BL OUENCE OF RIGH OUENCE OF P, T OUENCE OF	OCK F): T CO P: THROM F): OTHER 4 □ Nur	RONA BECT 26. Pt R: sing Hom 28c. INJ WO 1	ARY ARTE	ST . In Part I.	MORAL A	ARTE	JRG, rrest,	MD 2153 Approximate interval Betwee Onset and De Onset a
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 12 Accident Investigation 3 Suicide 6 Could not be	COMPL DUE TO FIBRI DUE TO STATU DUE TO Contributing to Linguitient 2 28a. DATE (Month, L) 26a. PLACE (building)	DETE HEAD OF AS A CONSE OF INJURY — At he, etc. (Specify)	RT BL OUENCE OF RIGH QUENCE OF P, T OUENCE OF	OCK F): IT CO F): IHROM F): In the un	RONA BECT 26. Pt R: sing Hom 28c. INJ tory, office	ARY ARTE	ST . In Part I. Check only o	MORAL A 24a. WAS AN PERFOR 1 YES 2 CATION (Street or Town, State)	ARTE	RY 24 CCUREO	MD 2153 Approximate interval Betwee Onset and Decided

STREET. CUMBERLAND. MD 21502

e hos	stache		nce.
# A	De de		at o
ped t	밁		Pe
retair	S Sho		DIT.
be /	age		pe 1
may	or, p		nst
ge 6	direct		5
F. P.	eral (nine
deat	fun (exar
after	y the	nova	ca
MILS	in	I ren	ped
4 hc	filled	DU, 0	ne n
thlu	rtely	mati	F.
d wf	mple	, cre	ever
scute	20	buria	
9	an ar	9	ma
ate b	ysici	buo	r tra
rtifica	d o	iene	the
a) u	endin	F	0 0
death ce	e attendin	lental Hyg	ury, or o
the death ce	by the attendin	nd Mental Hyp	injury, or o
s that the death ce	ned by the attendin	Ith and Mental Hyp	any injury, or o
quires that the death ce	signed by the attendin	Health and Mental Hyp	ows any injury, or o
w requires that the death ce	been signed by the attendin	nt. of Health and Mental Hyg	3 shows any injury, or o
ne law requires that the death ce	has been signed by the attendin	Dept. of Health and Mental Hyg	n 23 shows any injury, or o
N: The law requires that the death ce	scate has been signed by the attendin	State Dept. of Health and Mental Hyg	item 23 shows any injury, or o
SICIAN: The law requires that the death ce	certificate has been signed by the attendin	the State Dept. of Health and Mental Hyg	, or item 23 shows any injury, or o
PHYSICIAN: The law requires that the death ce	this certificate has been signed by the attendin	with the State Dept. of Health and Mental Hyg	rked, or item 23 shows any injury, or o
ING PHYSICIAN: The law requires that the death ce	After this certificate has been signed by the attendin	eath with the State Dept. of Health and Mental Hyg	marked, or item 23 shows any injury, or o
ENDING PHYSICIAN: The law requires that the death ce	DR: After this certificate has been signed by the attendin	ter death with the State Dept. of Health and Mental Hyg	8 is marked, or item 23 shows any injury, or o
ATTENDING PHYSICIAN: The law requires that the death ce	RECTOR: After this certificate has been signed by the attendin	irs after death with the State Dept. of Health and Mental Hyg	m 28 is marked, or item 23 shows any injury, or o
L OR ATTENDING PHYSICIAN: The law requires that the death ce	DIRECTOR: After this certificate has been signed by the attendin	hours after death with the State Dept. of Health and Mental Hyg	Item 28 is marked, or item 23 shows any injury, or o
PITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	IERAL DIRECTOR: After this certificate has been signed by the attendin	in 72 hours after death with the State Dept. of Health and Mental Hyg	IT. If Item 28 is marked, or item 23 shows any injury, or o
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	FUNERAL DIRECTOR: After this certificate has been signed by the attendin	within 72 hours after death with the State Dept. of Health and Mental Hyg	ITANT. If Item 28 is marked, or item 23 shows any injury, or o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First									2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
1	OWEN HAYWA		SSELL 6. SEX	I a ass :: .		Τ		T			- 22	- 19		
1	218344432		1 X M 2 🗆 F	6. AGE (In yrs. Id	YRS.	MONTHS	DAY\$	HOURS	MIN.	(Mon	of BIRTH th, Day, Year)	-	Coun	MD
	9a. FACILITY NAME (If not is					W 7	35		ION OF DE			9c. COL	UNTY OF	DEATH
-	SACRED HE	ART HO	SPITAL				MBE	KLAN	D, M	D		AL	LEGA	NY_COUNTY
I	10a. STATE	10b, COUNT			10c. CF	TY, TOWN C	OR LOCA	TION						10d. INSIDE CITY LIMITS?
1	MD		LEGANY			LONA						,		1 X YES 2 NO
	10e. STREET AND NUMBER						10	1. ZIP COL						WHAT COUNTRY?
-	11. MARITAL STATUS	-B FRO	ONT ST.			Lan			539				US	
	1 Never Merried 2 3 Widowed 4 Div		FORCES? 1	YES 2 MAR OR DATES	₩o Me	- 1	If yes, sp	pecify Cub		in, Puarto	IN? (Specify Yo Rican, etc.)	sa or No—	Blac	ck, White, atc.
	15. DEC (Specify on	CEDENT'S EDU	JCATION e completed)	16a. E	DECEDENT'S (Give kind of the. Do NOT u	S USUAL O	CCUPATH during me	ON ost of work	ing	16	b. KIND OF B	USINESS/IN	IDUSTRY	
	Elementary/Secondary (UNKNOWN	V	College (1-4 or 5	+)		WOOD		AN			LUM			
	17. FATHER'S NAME (First, A		DICCET	r				16. MO			Middle, Maide			
-	KA)		RUSSEL		10h MAII /hi	G ADDRESS	R /Quant	and Musel			nber, City or To		In Carlos	
	MELISS		NALD		.Jos manuff	- APPRIES	- (Onani)	ara reumbe			DNING			1539
I	20a. METHOD OF DISPOSIT 1 M Buriel 2 Cremeti 4 Donation 5 1 Other	TION		20b. PLAC	E AND DATE	TE OF DISP	OSITION	I (Name		DA	TE 20c. L	OCATION -	- City or 1	fown, State
	21. SIGNATURE OF THERE	AL ERVICE	CENSES C	ain.	h	22.			ESS OF FA		DUNE	DAT	HOM	13
	ahock, Dr I	heart fellure.	complications the	at couled the cuse or each lin	death. Do	not enter					FUNE WE rdlec or rea			Approximate interval Between
	23. PART I. Enter the cahock, or I immediate CAUSE (Fi disease or condition resulting in death) Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injust intilated events resulting in death) LAS	itions, ediate ying	a. PUL DUE TO DUE TO C.	THON OF AS A CONS	ARY SEQUENCE	E 07: 744 y 07:	the me	CH ode of d	URCI					Approximate interval Between Onset and Deatl
	ahock, or I iMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi if any, leading to immediase. Enter UNDERLY CAUSE (Disease or injuit at initiated events resulting in death) LAS	itions, ediate ying structure.	a. PUL DUE TO C. DUE TO DUE TO DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	ARY SEQUENCE (SEQUENCE (E 0F): 7 44 9 0F):	1111 the mo	CH ode of d	URCI ying, suc	H S'h en ca				Approximate interval Between Onset and Deatl
	ahock, or in a shock, or in a shock, or in a shock, or in the shock, or in	heart fellure.	a. PUL DUE TO C. DUE TO DUE TO DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	ARY SEQUENCE (SEQUENCE (E 0F): 7 44 9 0F):	1111 the mo	CH ode of d	URCI	H S'h en ca	P WF rdiec or rea	STEP piretory a		Approximate interval Between Onset and Deatl
	ahock, or i iMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit fany, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other alignific 25. WAS CASE REFERRED EXAMINER?	heart fellure.	a. PUL DUE TO C. DUE TO DUE TO DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	ARY SEQUENCE (SEQUENCE (EOF): 744 y OF): OF):	the me	CH ode of d	URCI ying, suc	h ea ca	Page 1 - WAS A PERFO	STEP piretory a		THPLACE (State or Foreign min) MI) DEATH ANY COUNTY 10d. INSIDE CITY LIMITS? 1 [X] YES 2 NO F WHAT COUNTRY? APPROXIMATE ON, MD. APPROXIMATE Interval Between Onset and Death ONSET APPROXIMATE Interval Between Onset and Death ONSET APPROXIMATE APPROXIMATE Interval Between Onset and Death ONSET APPROXIMATE APPROXIMATE INTERVAL BETWEEN ONSET APPROXIMATE
	ahock, or in the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injust in the condition of the	heart fellure.	a. DUE TO C. DUE TO d. HOSPITAL: 1 Inpetiant 2	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	ARY SEQUENCE (LOPA SEQUENCE (Tresulting	OF): OF): OTHE 4 Nu	the medium the medium	OLI CILI	SM	Part i.	24a. WAS A PERF(1 YES	STED piretory a nn autrops onmed? 2 MNO	Y 24	Approximate interval Between Onset and Death Co-7 - 4 A CO-7 - 4 A
	ahock, or in the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injury that initiated events resulting in death) LA: PART II. Other algnification in the condition of the condition in the condition	heart fellure.	a. DUE TO DUE	O (OR AS A CONS O (OR AS A CON	ARY SEQUENCE (SEQUENCE (SEQUENCE (TO SEQU	OF): OF):	the moderlying 26. PR:	CIII	SM given In	Part I.	24a. WAS A PERF 1 YES One) her (Specify)	STEP piretory a un autops: ORMED? 2 1 100	y 24	Approximate interval Between Onset and Death Converted and Death C
	ahock, or I immediate CAUSE (FI disease or condition resulting in death) Sequentially list condition from the condition of the condition Sequentially list condition from the condition of the condition Sequentially list condition CAUSE (Disease or injuite that initiated events resulting in death) LA: PART II. Other alignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	itions, ediate ving structury struct	a. DUE TO DUE TO C. DUE TO DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	ARY SEQUENCE (SEQUENCE (SEQUENCE (TO SEQU	OF): OF):	the moderlying 26. PR:	CIII	SM given In	Part I.	24a. WAS A PERF 1 YES One) her (Specify)	STED piretory a NAUTOPSTORMED? 2 M NO	y 24	Approximate interval Between Onset and Death Co-7 - 4 A CO-7 - 4 A
	ahock, or I iMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only) 1 CER	itions, ediate // included inc	a. DUE TO b. CAR DUE TO c. DUE TO d	D (OR AS A CONS D (OR AS A CON	SEQUENCE (SEQUENCE (SEQUENCE (SEQUENCE (Tresulting Thome, farm death occu or investigat	OF): OF):	the moderlyir 28. P R: 26. IN 1 □	DLACE OF JURY AT ORK? YES 2	given In DEATH (CI	Part i.	24a. WAS A PERFO	STED piretory a IN AUTOPS: DRMED? 2 NO VINJURY O	Y 24 OCCURED OF OF Rura	Approximate interval Between Onset and Death Converted and Death C
	ahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi if any, leading to immediate. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Natural 2 Accident 3 Suicide 5 Natural 29a. CERTIFIER (Check only one) 2 ME 29b. SIGNATURE AND TITL	titions, ediate ving sury ST To MEDICAL Pending investigation Could not be determined ATTIFYING PHY:	a. Due To b. Due To c. Due To d. Due	OR AS A CONS O (OR AS A CONS O	SEQUENCE (SEQUENCE (SEQUENCE (SEQUENCE (TOPA SEQUENCE (TOPA SEQUENCE (TOPA 100 100 100 100 100 100 100 1	OF): OF):	the moderlyir 28. P R: 26. IN 1 □	DLACE OF USER 2 Ce la and place death occ	given in DEATH (C) Residence NO NO NO Residence NU	Part i.	24a. WAS A PERFO	N AUTOPSY OR NO VINJURY O	Y 24 OCCURED Der or Rura stated.	Approximate interval Between Onset and Death G-7- L.C. G-7- L.C.
	ahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condition fany, leading to immediate. Enter UNDERLY CAUSE (Disease or injuited in the initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFIER (Check only one)	itions, ediate // included inc	a. DUE TO b. CAR DUE TO C. DUE TO d. DUE TO d. DUE TO DUE	O (OR AS A CONS O (OR AS A CON	TEM 27 (7)	OF): OF):	the mederlyir 28. FR: 28c. INW 1 □ 20pinion,	DIACE OF THE STATE	given In DEATH (C) Residence NO Dee, and during at the cense NU	Part I. Peck only 6 Ott 28d. D 28d. D 3 to the continue of the continue o	24a. WAS A PERF. 1 VES One) her (Specify) ESCRIBE HOW OCATION (Street, St	NAUTOPS: ORMED? 2 NO VINJURY O	Y 24 CCURED Der or Rura tated. The cause ATE SIGNE	Approximate interval Between Onset and Death Co-7 - L.C. Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Longolubelage

n	mit, Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21203-3146	NSICIAN: The law requires that the death certificate be executed within the fours after death, Page 6 may be retained by the hospital or attending physician. Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. G, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within the found after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burital, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPAR						L. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Randy Allen	Russell						2. DATE OF DEA MONTH 8	TH DAY 20	YEAR 91	3. TIME OF DEATH 0648A M
	4. SOCIAL SECURITY NUMBER 213-84-9943	5. SEX 6. AGE (In yrs. 1	lest birthday) YRS,	IF UNDER	1 YEAR DAYS	IF UNDER 2 HOURS	MIN.	7. DATE OF BIRT	62	Country	MD
OR	90. FACILITY NAME (If not institution, give str Memorial Hospi					erlan		ATH		nty of de 11ega	
DIRECTOR	nesidence of decedent 100. STATE 100. COUNTY Maryland Alle	gany	10c.crt N1	y, town o	R LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER Rt 36 Box A5		1		101	2154	6				HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO		f yes, sp	ENDENT OF scity Cubsn 2-1 NO	, Mexicer	IC ORIGIN? (Spec n, Puerto Ricen, e :	Ify Yee or No-	14. RACE	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) UNKNOWN		Give kind of life. Do NOT u	work done i	during mo			16b. KIND (CONST		TON
CON	17. FATHER'S NAME (First, Middle, Last)	ARD RUSSELL					ER'S NAI	ME (First, Middle, A	Asiden Sumame)		
TO BE	19e. INFORMANT'S NAME (Type/Print)						or Rural R	A MAF.		p Code)	
	BONNIE RUSSEI 20a METHOD OF DISPOSITION XX Burlai 2 Cremetion 3 C Remo		BOX NCE OF DISPO						0c. LOCATION —	City or Tov	vn, State
	ABurtal 2 ☐ Cremetion 3 ☐ Remote 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		er place)	I.AI	IREI	HI	LL	OR OTH		TON,	
	* Wayne	Boal	_	11	L1 (CHUR	CH S	BOAL ST. WE	-WARNI STERNE	CK FORT,	TUN. HOME MD 21562
	IMMEDIATE CAUSE (Finel	omplications that caused the List only one cause on each Head trauma DUE TO (OR AS A CO)	with	comp				h aa cerdlec or	reepiratory a	rreat,	Approximate interval Between Onset and Death 3 days
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COI	NSEQUENCE C)F):							
CAL CE	PART II, Other aignificent condition	a contributing to deeth but n	ot resulting	in the ur	nderlyln	g cause g	lven in		WAS AN AUTOPSY	24b.	WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC								_ 10	YES 2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	# 3 □ DOA	OTHE	R:			8 Other (Spec	26.4)		
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	25e. DATE OF INJURY (Month, Day, Year) :8/1.7/91	28b, TII		28c. IN.	JURY AT ORK?	A	284 DESCRIBE	HOW IN HIRY O	ccured auto,	hit head
	S Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify) County road		atreet, fac	tory, offic	:•		284 LOCATION	/Street and Numb	or or Burel 6	
COMPLETED	CONSUM UNITY	CIAN: To the best of my knowledg R: On the besis of examination en						to the cause(s) e	nd manner ee st	ated.	
TO BE	995. SIGNATURE AND TITLE OF CERTIFIER	Dpty	Med.			29c. LICE D	0915		29d. DA		(Month, Day, Year)
F	Paul Snow, M.D.	o completed cause of death 124 w 3rd s			ind l	Md 21	502				
	31. DATE FILED (Morith, Day, Year) AUG 2 6 19	32. REGISTRAR'S SIGNATURE Savidson	n-Aanda	DE.							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 focus, after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit pen be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF GEATN		3. TIME OF DEATH
	Evelyn B Rawhou	ser			MONTH DA	9	1 1130 A
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.		UNDER T YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	216-05-1647 1 N 2 M F 88	YRS.	THE DAYS	HOURS MIN.	(Month, Day, Year) 9/22/02		rvland
~	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
0	Harford Memorial Hospital	H	lavre (de Grace		Har	ford
EC	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCA	ATION			10d, INSIDE CITY
5	Maryland Harford	Abero	leen				LIMITS?
AL	10e. STREET AND NUMBER			Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
EB	136 Rogers Street			21001	100	U.	S.A.
FUNERAL DIRECTOR	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 №	ARMED	13. WAS DE	CENDENT OF NISPAN	C ORIGIN? (Specify Yes		RACE — American Indian.
ВУ	3XXWIdowed 4 Divorced IF YES, GIVE WAR OR DATES	<u>aj</u> iio		pecify Cuban, Maxican S 2 X NO Specify:			Black, White, atc. Specify:
	15. OECEOENT'S EDUCATION 18a	DECEDENT'S USU					hite
COMPLETED	(Specify only highest grade completed)	(Give kind of work life. Do NOT use ret	done durina m	ion lost of working	186. KIND OF BUS	INESS/INDUST	RY
PL		vil Ser	zzi co		11.0	Q	
OM	17. FATHER'S NAME (First, Middle, Lest)	vii ser	vice	16. MOTNER'S NAM	U.S. IE (First, Middle, Maiden)		
BE C	Frederick H. Budnick			Edna Wa		Juli IIII III	
TO B	19a, INFORMANT'S NAME (Type/Print)	196. MAILING ADD	RESS (Street		oute Number, City or Town	, State, Zip Cod	(6)
F.	Jon Livezey						ryland 21001
	20a. METNOD OF DISPOSITION Burlel 2 Cremation 3 Ramoval from State Camping	EAND DATE OF DE	SPOSITION /A	lame of	DATE 200 LOC	ATION OIL	Y 01-11
	4 Donation 5 Other (Specify) Grov	e Presb	yteria	an Cemeter	ry9/4 Abe	rdeen,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FAC	Funeral H		
	Bustex. H. In alex	shee			yland 210		
	23. PART i. Enter the diseases, or complications that caused the	daath. Do not a	ntar tha me	oda of dying, auch	aa cardiac or respir	atory arreat,	Approximate
	ahock, or haart failure. List only ona ceuse on each lie IMMEDIATE CAUSE (Final	na.	-	1)	, \		Interval Between Onset and Death
	disease or condition	10 (11)	ad 10	1 mi	ton Ho		
	DUE TO (OR AS A COM	EQUENCE OF	1	11			
N N	Sequentially list conditions.	TVo C	Her	Torelen	tru C	02010	Vosular
Ā	if any, leading to immediate cause. Enter UNDERLYING	EQUENCE OF:	dis	cose			,
CERTIFICATION	CAUSE (Disease or injury that initiated events	EQUENCE OF					
E	reaulting in death) LAST						1
	PART II ON II III						
MEDICAL	PART II. Other significant conditions contributing to death but not	reaulting in th	a underlyin	g cause givan in F	Part I. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ĕ	y wheres frellights	1476	P		1 TES 2		COMPLETION OF CAUSE OF DEATH?
	Cuito Tenal To	166-	2				1 TES 2 NO
AN	25 MMC 0105 05550055 MM MM MM MM MM MM MM MM MM MM MM MM M						
CL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ОТ	26. PI HER:	LACE OF DEATH (Chec	k only one)		
PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 27. MANNER OF DEATN 28s. DATE OF INJURY	3 DOA 4 D		ne 5 Residenca 8			
	1 Netural 5 Pending (Month, Day, Year)	INJURY	WC	DRK?	28d. DEŞCRIBE NOW IN	JURY OCCURE	D
BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — All N			YES 2 NO	284 LOCATION (Complete	d About to the	
日	6 Could not be determined building, etc. (Specify)	Tarini, allest	, raciory, orne		28f. LOCATION (Street ar City or Town, State)	a Number or Hi	I'lli Houte Number,
COMPLET	29e. CERTIFIER						
MP	Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, to one) MEDICAL EXAMINER: On the basic of examination and/o	r investigation in	my opinion o	and place, and due to	o the cause(a) and mann	er as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	· mreatigation, as	тту ортноп, с				
BE	1000 1			D IZZZ A	2	29d. DATE SIG	NED (Monty Day, Your)
13						* redirector	10 1 1 1 1 1 1 1
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH AT	EM 27) (Turns Prins		1510		7/	7/1/7/
13	30. NAME AND ADDITION OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)	08	5/11-	1 1	Kia	7///
13	36. NAME AND DOTHERS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT 31. DATE FILED (Mouth, Day, Year) 32. REGISTRAR'S SIGNATURE Suna Navidon Park	1.0. 3	08	S. Union	Ave. H	King	de Grace 40

BALLIMORE, MARYLAND	or death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detacher ral.	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached tiled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	HEGISTHAH		C	ENTIF	CATE	IL DEW	ПП	REG. N	O.		
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATH	DAY	YEAR	3. TIME OF DEATH
	Thomas	Pat	rick	R	yals					991	3:05A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign
	244 18 9466	1 🔀 M 2 🗆 F	71	YRS.	MONTHS D/	YS HOURS	MIN.	(Month, Day, Year) 10-22-19	10	Country	NC
	9a. FACILITY NAME (If not institution, give	street and number)	11		Sh CITY TO	WN OR LOCAT	ION OF OF			NTY OF OE	
œ									30,000		
<u> </u>	125 Armstron	g Avenue				Hav	re a	e Grace		Harf	ora
DIRECTOR	10a. STATE 10b. COUNT	TY		10c, CIT	Y. TOWN OR L	OCATION					10d, INSIDE CITY
E	MD	Harford				Havre	de C	race			LIMITS?
	10e. STREET AND NUMBER	ilai ioi a				101. ZIP COI		racc	T an our		HAT COUNTRY?
FUNERAL											HAI COUNTHY?
9	125 Armstron						078			USA	
5	11. MARITAL STATUS	12. WAS DECEDEN	YES 2	RMEO				IC ORIGIN? (Specify)	fea or No-	14. RACE Black,	- American indian, White, etc.
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE V	WAR OR DATES			YES 2 NO				Specify	y:
	3 Wildings 4 Divorces	l ww									White
ш	15. DECEDENT'S EDI (Specify only highest great		(Give kind of a	USUAL OCCU	PATION a most of work	dna	16b, KIND OF E	USINESS/INC	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	le. Do NOT us	e retired.)			Restau	rant	&	
<u>a</u>	12		(F	let)	Self-e	mploy	ed		liard		1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First, Middle, Maid	en Sumeme)		
2	Willie C. Ry	vals					Mary	Holt			
BE	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (S			Route Number, City or 1	own, State, Zip	Code)	
2	Mrs. Helen G. R	wole		125	Armetr	one A	Want	A Hayre	do C	Trace	, MD21078
	20a. METHOD OF DISPOSITION	vais	20b. PLAC		SITION (Name				LOCATION -		
	1 Buriel 2 Cremation 3 Red 4 Donation 8 Other (Specify)	moval from State	other	olace)							
	21. SIONATURE OF FUNERAL SERVICE L	CENSEE	- 1 WIT.	Erm	Ceme	E ANO AODR			avre	ge G	race, MD
	and the second of the second o								Home	D	Λ
	Will win	XX_{\sim}	Tech		Ha	vre de	e Gra	r Funeral	210	78-3	197
	23. PART I. Enter the diseases, or	complications the	et ceused tha c	leath. Do							Approximate
	shock, or heart fellure	. List only one car	use on sech lir	10.							Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	504	AMA	20 (MET	1. 1	AR	CoN6 M	4 01	1	18mol
	resulting in death)	. 29 ^	717700		-		,,,,	conso my	, -)	//	10000
		DOE IC	(OH AS A CONS	EUUENCE U	+):				CAN	6	
N	Sequentielly list conditions,	b									
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	002 10	(OR AS A CONS	EUUENCE U	r):						
3	CAUSE (Disease or injury	c	100 to 1 0000								
1	thet initisted events resulting in death) LAST	DOE IC	OR AS A CONS	EUUENCE U	r):						1
E		d									
0	PART II. Other significent condition	one contributing to	death but not	resulting	in the unde	riving cause	given in	Part J. 24s. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	5VC P4	NAMA	ne.						ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	7.0 1	NONCON						1 TYES	2 X NO		OF DEATN?
M								_			1 TES 2 NO
×	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE OF	DEATN (Ch	eck only one)			
S	1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 🗙	Residence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF CEATH	28a. DATE O		28b. TIM	E OF 26	c. INJURY AT		28d. DESCRIBE NO	W INJURY OC	CURED	
	1 Natural 5 Pending		Day, Year)	11%	M M	WORK?	□ NO				
BY	2 ACCIDENT	28e. PLACE	OF INJURY — At	home, farm,	street, factory	office		281. LOCATION (Stre	et end Numbe	or or Rural R	loute Number,
	4 Homicide 8 Could not be determined	building	, etc. (Specify)		alle I I I I I I I I I I I I I I I I I I			City or Town, Sta			
COMPLETED	29a, CERTIFIER	- V								_	
P	(Check only 1 X CERTIFYING PHY	THE PARTY OF THE P									
0	One) 2 MEDICAL EXAMI	MER: On the basis of	mamination and/o	or investigation	on, in my opin	ion, death occ	cured at the	time, date and place,	and due to t	the cause(a) and manner as stated,
EC	200. SIGNATURE AND TITLE OF CERTIFIE	En o	1	7		29c. Li	CENSE NUI	MBER	29d. DA	rg signed	(Mythory Day, Year)
	1 // / /	wh	Va	1)					D 5	9/3	191
00	I am										
TO B	30. NAME AND ADDRESS OF PERSON V	YNO COMPLETED CAL	JSE OF DEATH (1)	EM 27) (%n)	. Print)				-	/ /	
00	30. NAME AND ADDRESS OF PERSON V					od P	مااء د	n/D	21047	//	
00	Joan P. Edwar	ds, M.D.	., 2112	Bel	Air Ro	ad, F	allsto	on, MD	21047	//	
0	11	ds, M.D.		Bel	Air Ro	ad, F	allsto	on, MD	21047	/ /	

Σ	oge Ge	8
BALTIM	leath.	funeral
8	after d	y the
	4 nours	filled in b
50,	within 2	pletely
289	xecuted	and corr
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ate be e	yslcian
0.	certific	nding ph
Z,	e death	he afte
Z Z	that th	ed by
THE CO	requires	een sigr
AL	The law	e has b
	ICIAN: 1	ertificat
5	G PHYS	er this
200	TENDIN	TOR: Aft
	L OR AI	DIREC
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page	THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral direction
	THE	HE

1	1. DECEDENT'S NAME (First, Middle, Lage					DEATH	2. DATE OF DEA		104.00	3. TIME OF-DEATN
	curnerine 1.	Koy					МОМТН	21	YEAR	5:12
	4. SOCIAL SECURITY NUMBER	1 Duarte	(In yrs. last birt	thday) IF UNDER 1 MONTHS	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	HIIr)	Coun	
	578-44-2858 9a. FACILITY NAME (If not institution, give		81 '	2510	TOWN O	R LOCATION OF DE			Nor	th Caroli
DIRECTOR	Suburban Hospita	1			hesc				ntgom	
REC	10a. STATE 10b. COUN	тү	10	C. CITY, TOWN OF	LOCATI	ON				10d. INSIDE CITY
		gomery		Rockvil	1e					1 YES 2 KM
FUNERAL	100. STREET AND NUMBER 199 Rollins Avenu	4401				ZIP CODE				WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. W		0852 ENDENT OF HISPAN	IC ORIGIN? (Speci			States E - American Indian
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES		n	yes, spe	cify Cuban, Maxica 2 X NO Specify	n, Puarto Rican, et	c.)	Spec	ck, White, etc.
TED	15. DECEDENT'S ED (Specify only highest grad	UCATION ie completed)	(Give ki	ENT'S USUAL OCC	CUPATION Iring mos	N t of working	16b. KIND O	F BUSINESS/II	NDUSTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5+) 2.	Homem	NOT use retired.)		-	Our I	Iomo		
COMPLET	17. FATNER'S NAME (First, Middle, Last)		Tromen	MAKEL		18, MOTNER'S NA	Own I			
ш	Carl G. Terrell						Love Hai			
TO B	19a. INFORMANT'S NAME (Type/Print)					d Number or Rural F				
	Jeanne R. Thomas					al Road,				
	1 X Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State cen	netary, cremato	DATE OF DISPOSIT	-			c. LOCATION -		
	21. SIGNATURE OF FUNERAL SERVICE L		arklawi	n Memori						Maryland hrey Fune
	* Kariel E.	lessu,	мО(HON DRO3 Ave	ne/R	ockville	Inc.	300 W	est 1	Montgomer 850-2805
	disease or condition resulting in death)	a. Unita (OR AS A	A CONSEQUEN	HCE OF):	. ,	hemm	norha	ge	-	2 d
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A					0			
SAL CERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta	c. DUE TO (OR AS A	A CONSEQUEN	ICE OF):	ariying	cause given in l		S AN AUTOPSY	7 246). WERE AUTOPSY FIND
A I	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO (OR AS A	A CONSEQUEN	ICE OF):	ariying	cause given in I	PE	S AN AUTOPSY RFORMED? ES 2 PNO	7 24b	AWAILABLE PRIOR TO
¥	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO (OR AS A	A CONSEQUEN	ICE OF):	ariying	cause given in I	PE	RFORMED?	/ 24b	AWAILABLE PRIOR TO COMPLETION OF CAU
A	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO (OR AS A d. ns contributing to death b	A CONSEQUEN	ICE OF):		cause given in i	; 1 Y	RFORMED?	/ 24b	AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
A I	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	c. DUE TO (OR AS A d	A CONSEQUEN	OTHER:	28. PLA		PE 1 YI	RFORMED?	246	AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reauting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Naturel 5 Pending	c. DUE TO (OR AS A d	Dut not rasult	OTHER:	28. PLA ig Nome Bc. (NJU) WOR	CE OF DEATN (Cho	PE 1 YI	RFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
BY PHYSICIAN: MEDICAL	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	d	Dut not racult	OTHER:	28. PLA g Nome BC. (NJUI WOR 1 YE	S Pasidence 1 RY AT K?	Ck only one)	RFORMED? S 2 PNO OW INJURY OC reet and Number	CCURED	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Visturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A d. Ins contributing to death b HOSPITAL: 1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, stc. (Special	Dut not racult	OTHER: OA OTHER: OA I ONUSIN	28. PLA g Nome Bc, (NJU) WOR 1 YE y, office	CE OF DEATN (Che 5 Residence : RY AT KS 2 NO	Ck only one) 5 Other (Specify, 28d. DESCRIBE N 28t. LOCATION (Signary Town, 5) to the cause(a) and	OW INJURY OC	CCURED or or Rural h	AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta reauting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS A d. ns contributing to death b HOSPITAL: 1 Inpatient 2 = ER/Outp PARTY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Control of the Contr	Dut not racult	OTHER: OA OTHER: OA I ONUSIN	25. PLA g Nome Bc. (NJUI WOR 1 YE y, office	CE OF DEATN (Che 5 Residence 1 RY AT K? SS 2 NO nd place, and due 1 th occured at the 1	Ck only one) 5 Other (Specify, 28d, DESCRIBE N 28t. LOCATION (St. City or Town, 3) to the cause(a) and time, data and place	OW INJURY OC	CCURED or or Rural h	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Visturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A d. ns contributing to death b HOSPITAL: 1 Inpatient 2 = ER/Outp PARTY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Control of the Contr	Dut not racult	OTHER: OA OTHER: OA I ONUSIN	25. PLA g Nome Bc. (NJUI WOR 1 YE y, office	CE OF DEATN (Che 5 Residence : RY AT KS 2 NO	Ck only one) 5 Other (Specify, 28d, DESCRIBE N 28t. LOCATION (St. City or Town, 3) to the cause(a) and time, data and place	OW INJURY OC Treet and Number State)	or or Rural I	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta reauting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS A d. Ins contributing to death b HOSPITAL: 11 Inpetient 2 = ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Clans) ECIAN: To the best of my knowledge: On the basis of examination	Dut not racult	OTHER: OA 4 Nursin D. TIME OF INJURY M arm, street, factor	25. PLA g Nome Bc. (NJUI WOR 1 YE y, office	CE OF DEATN (Che 5 Residence 1 RY AT K? SS 2 NO nd place, and due 1 th occured at the 1	Ck only one) 5 Other (Specify, 28d, DESCRIBE N 28t. LOCATION (St. City or Town, 3) to the cause(a) and time, data and place	OW INJURY OC Treet and Number State)	or or Rural I	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta reauting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 3. BIONATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A d. Ins contributing to death b HOSPITAL: 11 Inpetient 2 = ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Clans) ECIAN: To the best of my knowledge: On the basis of examination	Dut not racult	OTHER: OA 4 Nursin D. TIME OF INJURY M arm, street, factor	25. PLA g Nome Bc. (NJUI WOR 1 YE y, office	CE OF DEATN (Che 5 Residence 1 RY AT K? SS 2 NO nd place, and due 1 th occured at the 1	Ck only one) 5 Other (Specify, 28d, DESCRIBE N 28t. LOCATION (St. City or Town, 3) to the cause(a) and time, data and place	OW INJURY OC Treet and Number State)	or or Rural I	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO

P	900	eq
may	C.	45
9	ecto	Ē
Page	8	10
5	200	Ē
dea	Ž .	exa
fter	the	-
50	re by	200
100	5 6	Ě
1	ion,	the
min	etely	1
N.	de Co	Wel
arter.	Co	2
exec	and	nat
2	cian or to	ne
ate	hysin pri	11 11
THE STATE OF	g p	the
93	Hyg	37.0
eath	atte	>
he	the ₹	in a
at the	30	A
the S	ined afth	60
uire	Sign	3
Je C	Deer of	4
- M	Seple	23
1	ate	E
AN.	St	1
SICL	the	0
Y.	this	Ked
9	ter	nar
g	r de	-
E	afte afte	28
A.	PEC Urs	8
0 7	200	=
PITA	ERA 7	T. H
108	No.	AN
무	무용	PRI
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Landous after death. Page 6 may be	日本	IMPORTANT if from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
F	: 1	=
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	

1. DECEDENT'S NAME (First, Middle, La. Marion	MARION MARION	N M	ILLER	RO				2. DATE MONTE		122/9	91 VEAR 9/	3. T	ime of DEATH 4:	
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	R 24 HRS.		OF BIRTH		6. BIRT		E (State or Foreign	
154-30-8113	1 M 2 X F	85	YRS.					FEB.		1906	M	IASS		
9a. FACILITY NAME (If not institution, give street and number) SHADY GROVE ADVENTIST NURSING CTR. ROCKVILLE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MOUNTAIN LAKES							EATH		1111 3.31	INTY OF				
SHADY GROVE ADVENTIST NURSING CTR. ROCKVILLE MONTG									OME	RY				
10a. STATE 10b. COU	NTY		10c, CI1	TY, TOWN OF	R LOCATI	ION						10d.	INSIDE CITY LIMITS?	
	ORRIS			MOUN									YES 2 NO	
100. STREET AND NUMBER 1. SUNSET R	D.				101.	ZIP COD	0704	6		10g. CIT			COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN II 9	ARMED	1 10 W	AS DEC				1? (Specify Y	ha or No	U.S		A. E — American Indien,	
1 Never Married 2 Married	NO	16	yes, spe	cify Cuba		n, Puerto	Ricen, etc.)	on or No	Ble	ick, Wh	ile, atc.			
3 Widowed 4 Divorced	ir res, dive	WAR OR DATES		I .	[] TES	Z W ND	Specif	у.			Spe	вспу:	WHITE	
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)		(Give kind of	Work done de			ing	16b	. KIND OF B	USINESS/IN	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	ise retired.)						-				
AT EATHERNS MAAR ON THE STATE OF THE STATE O	4		TEACHER TEACHING 18. MOTHER'S NAME (First, Middle, Melden Surname)											
17. FATNER'S NAME (First, Middle, Last) CLIFFORD	HEATH					18. MOT	HER'S NA				יידיור	TT		
19a, INFORMANT'S NAME (Type/Print)	HEATH		10h MAIL IN	ADDRESS	(Street a	nd Number	or ne Pawal	ELLI		-	OF IE	للبل		
CARLTON HIGH	EE ROSE		SAI			TEM	#10		war, with DE 10	Arri, Grate, Zi	- COO(0)	* "		
20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (Nan			11 -	J	20c. I	OCATION -	- City or	Town.	State	
1 Gurial 2 Tomestion 3 Removal from State cher place) 4 Donation 5 Other (Specify) RIVERDALE, MD.														
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
MOOO91 W. W. CHAMBERS CO., RIVERDALE, MD. 20737														
23. PART I. Enter the diseases, ahock, or heart feitu iMMEDIATE CAUSE (Final disease or condition	re. List only one ca	use on each il PASTATIO	ne.	not enter t	ths mo	de of dy	ring, aud	h se can	diac or ree	piratory sr	rrest,	MD	Approximate interval Between Onset and Death	
ahock, or heart failu iMMEDIATE CAUSE (Final	a. DUE TO	use Dn each ii	death. Do ne. C SEQUENCE (CARCII	ths mo	de of dy	ring, aud	h se can		piratory sr	rrest,	MID	Approximate interval Between	
shock, pr heart failured immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO DUE TO d.	USE DI OBCH III	death. Do ne. C SEQUENCE C	CARCII 2C(No	NOMA	de of dy	ring, auc	THE	CE	CERV	TX		Approximate interval Between Open Mad Death 4 months	
shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	b. DUE TO d. Liona contributing to	USE DO SECH III	death. Do ne. C SEQUENCE C SEQUENCE C	CARCII CARCII COPP:	NOMA	de of dy	ring, auc	THE	CE	piratory sr	TX	4b, WEF	Approximate interval Between Open Mad Death A Man + C	
shock, pr heart failured immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions.	a. DUE TO b. DUE TO d. Litona contributing to	USE DO SECH III	death. Do ne. C SEQUENCE C SEQUENCE C	CARCII CARCII COPP:	NOMA	de of dy	ring, auc	THE	CE	CERV.	TX	4b. WEF	Approximate Interval Between Open Mad Death A Property Findings Re Autopsy Findings Rule Prior To Present To P	
shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	b. DUE TO d. SCELLAR TE AD I	USE ON SECTION OF AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do ne. C SEQUENCE C SEQUENCE C	CARCII CARCII COPP:	NOMA	de of dy	ring, auc	THE	24e, WAS / PERFI	CERV.	TX	4b. WEF	Approximate interval Between Open And Death A Man The Autopsy Findings ILABLE PRIOR TO PRICE TO THE CAUSE	
shock, or heart failured immediate condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of t	a. DUE TO b. DUE TO d. SCELLAR TE AD I	USE DO SECH III	death. Do ne. C SEQUENCE C SEQUENCE C	CARCII CARCII COPP:	NOMA	de of dy	given in	Part I.	24a, WAS / PERFI	CERV.	TX	4b. WEF	Approximate interval Between Ones and Death 4 months	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions of the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART III. Other significant conditions of the cause of the conditions of the cause of the ca	a. DUE TO b. DUE TO d. SCELLAR TE AD ILLA HOSPITAL:	USE ON BEACH IN TO COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMME	death. Do no. C C A BEQUENCE C BEQUENCE C T resulting Jent JRON	OTMER	NOMA derlying	de of dy	given in	Part I.	24a. WAS / PERFI	CERV.	TX	4b. WEF	Approximate interval Between One Mad Death A month; RE AUTOPSY FINDINGS ILABLE PRIOR TO PPLETION DF CAUSE DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions or injury that initiated events resulting in death) LAST PART II. Other significant conditions or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO d. SCELLAR TE AD ILLA HOSPITAL: 1 InpetIent 2	USE DO GOR AS A CONS DO	death. Do ne. C ASSEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	OTHER	NOMA A derlying 26. PL 1:	ACE OF C	given in	Part I.	24a, WAS / PERFI 1 YES	CERV	IX	4b. WEF	Approximate interval Between One Mad Death A month; RE AUTOPSY FINDINGS ILABLE PRIOR TO PPLETION DF CAUSE DEATH?	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or the ceuse of the ceuse of the ceuse of the ceuse of the ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the ceuse of the	a. DUE TO b. DUE TO c. DUE TO d. TE AD I HOSPITAL: 1 Inpetion: 288. DATE 0 (Month,	USE DO GOR AS A CONS DO	death. Do no. C C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	OTHER	NOMA A 26. PL i: ing Homming Wo	Cause	given in	Part I.	24a. WAS / PERFI	CERV	IX	4b. WEF	Approximate interval Between Onse and Death 4 Punt 16 Capped Part	
ahock, pr heart failurisment of the product of the	a. DUE TO b. DUE TO c. DUE TO d	USE DI GRAS A CONS DI OR AS A	death. Do no. C A SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	OTHER 43 KHUMIN M	26. PL: ing Horn 1 N	ACE OF C	given in	Part I.	24a. WAS / PERFI	CERV IN AUTOPSY ORMED? 2 NO	IX (4b, WEF AMAM	Approximate interval Between One Mod Death 4 months	
ahock, pr heart failured immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the conditions of th	a. DUE TO b. DUE TO c. DUE TO d	USE DI GROCK IN TO CONSTRUCT OF AS A CONSTRUCT O	death. Do no. C A SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	OTHER 43 KHUMIN M	26. PL: ing Horn 1 N	ACE OF C	given in	Part I.	24a, WAS / PERFI	CERV IN AUTOPSY ORMED? 2 NO	IX (4b, WEF AMAM	Approximate interval Between One Mod Death 4 months	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending investigating and coldent are suiting in death and coldent are suiting investigating and coldent are suiting and coldent are	a. DUE TO b. DUE TO d. DUE TO d. CONTRIBUTING to SCELLAR TE AD 1 HOSPITAL: 1 Inpetient 2 28e. DATE 0 (Month, on be defined as a building defined as a bu	USE ON EACH III	death. Do ne. C ASSEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	OTHER 43 Number of Street, factor	26. PL :: :: :: :: :: :: :: :: :: :: :: :: ::	ACE OF C	given in	Part I. 28d. DE	24a. WAS J. PERFI	CERV CLAN	TX CCURED CCURED	4b, WEF AMAM	Approximate interval Between One Mod Death 4 months	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST PART II. Other significant conditions are suiting in death) LAST PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death last in the last in	B. DUE TO b. DUE TO c. DUE TO d. SCELLAR TE AD II I Inpetient 2 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 28e. PLACE building to 1981 CANDER 1981 CANDER 1981 28e. PLACE building to 1981 CANDER	DO OR AS A CONS DO OR AS A CON	death. Do ne. C ASSEQUENCE C S SEQUENCE C S SEQUENCE C S SEQUENCE C S S S S S S S S S S S S S S S	OTHER AT MUSEUM ME OF LIJURY M street, factor	26. PLL i: ing Homel Hom	ACE OF DOMESTICK OF BRICKY AT RIKKY	given in	Part I. Part I. 28d. DE 28f. LOC	24a. WAS J. PERF! 1 VES ATION (Street or Town, Steeles) and in	IN AUTOPSY ORMED? 2 NO V INJURY OF	TX CCURED CCURED at or Rura	4b. WEF AMALON COM DF I	Approximate interval Between Open Mod Death 4 months	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending investigated investigated a Could not determined to medical examiner? 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	b. DUE TO b. DUE TO c. DUE TO d. SCELLAR HOSPITAL: 1 Inpetient: 28e. DATE 0 (Month, on be differenced of the best of differenced of the best of differenced of the best of differenced of the best	DO OR AS A CONS DO OR AS A CON	death. Do ne. C ASSEQUENCE C S SEQUENCE C S SEQUENCE C S SEQUENCE C S S S S S S S S S S S S S S S	OTHER AT MUSEUM ME OF LIJURY M street, factor	26. PLL i: ing Homel Hom	Cause Ca	given in	Part I. Part I. 28d. DE 28f. LOC City to the ca	24a. WAS J. PERF! 1 VES ATION (Street or Town, Steeles) and in	N AUTOPSY ORMED? 2 NO V INJURY OCH and Number to an and due to the	CCURED at or Aura	4b. WER AMA COOK	Approximate Interval Between Open Mad Death A ruently A ruently A ruently See Autopsy Findings ILABLE PRIOR TO PRICE TO TO TO TO TO TO TO TO TO TO TO TO TO	
ahock, pr heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Carbboard NACROPILA ATRIA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neural 6 Pending investigate 3 Suicide a Could not determined 29a. CERTIFIER (Check only 1 CERTIFYING PI-	b. DUE TO b. DUE TO c. DUE TO d. SCELLAR HOSPITAL: 1 Inpetient: 28e. DATE 0 (Month, on be differenced of the best of differenced of the best of differenced of the best of differenced of the best	DO OR AS A CONS DO OR AS A CON	death. Do ne. C ASSEQUENCE C S SEQUENCE C S SEQUENCE C S SEQUENCE C S S S S S S S S S S S S S S S	OTHER AT MUSEUM ME OF LIJURY M street, factor	26. PLL i: ing Homel Hom	Cause Ca	given in	Part I. Part I. 28d. DE 28f. LOC City to the ca	24a, WAS / PERFI 1 VES ATION (Street or Town, Steeles) and in	N AUTOPSY ORMED? 2 NO V INJURY OCH and Number to an and due to the	CCURED at the cause	4b. WER AMA	Approximate interval Between Open Mod Death 4 months	
ahock, pr heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CERTBROVA ANAPEROPILA ANAPEROPILA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending investigate 3 Suicide 4 Nomicide a Could not determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAM	b. DUE TO b. DUE TO c. DUE TO d	USE OF DEATN (I	death. Do no. C GEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C A TESUITING J DOA 28b, TII N death occur or investigati	OTMER 4 4 Nursi ME OF JULITY M street, facto fon, in my op	NOME 28. PLI 28. PLI 28. PLI 1 VOY 1 VO	Cause Cause	given in	Part I. Part I. 28d. DE 28f. LOC City to the ca	24a. WAS J PERFIT 1 YES ATTOM (Street) SCRIBE NOV	NAUTOPSY ORMED? 2 NO V INJURY OC sit and Number hanner as at and due to to 29d. DA	CCURED sted.	4b. WER AMA	Approximate interval Between One Mod Death A month? A month? SE AUTOPSY FINDINGS ILABLE PRIOR TO PRIETRION DE CAUSE DEATH? YES 2 M NO Number,	
ahock, pr heart failurisment and the product of the	B. DUE TO b. DUE TO c. DUE TO d. tiona contributing to SCHLAR TE AD 1 COMPLETED CAM AVSICIAN: To the best of AVSICIAN: To the basis of	USE OF DEATN (I	death. Do ne. C ASSEQUENCE C S SEQUENCE C S SEQUENCE C S S S S S S S S S S S S S S S S S S S	OTHER 1 OTHER	NOME 28. PLI 28. PLI 28. PLI 1 VOY 1 VO	Cause Cause	given in	Part I. Part I. 28d. DE 28f. LOC City to the ca	24a. WAS J PERFIT 1 YES ATTOM (Street) SCRIBE NOV	N AUTOPSY ORMED? 2 NO V INJURY OCH and Number to an and due to the	CCURED sted.	4b. WER AMA	Approximate interval Between One Mod Death A month? A month? SE AUTOPSY FINDINGS ILABLE PRIOR TO PRIETRION DE CAUSE DEATH? YES 2 M NO Number,	

26732 18

A 32

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO).	1 1 1 1 5 0
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATH
	William	ı E.	Rigby			August 19	, 199	YEAR NO. 17
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		7:30 P. M
	172-03-6021	1 M 2 D F	75 YRS.	5 YRS. MONTHS DAYS HOURS M				Country)
	9a. FACILITY NAME (If not institution, give	AL AUTH		May 29, 19		ennsylvania		
Œ					OR LOCATION OF DE	ATN	9c. COUNT	Y OF DEATN
2	3201 Hewitt Av	renue #101		Spring		Monte	gomery	
D C	10a. STATE 10b. COUN	TY	140.00	Y, TOWN OR LOC				
DIRECTOR		tgomery		lver Sp.				10d. INSIDE CITY LIMITS?
		3 2		TOT OF				1 YES 2X NO
8	3201 Hewitt Av	renue #101			10f. ZIP CODE			EN OF WHAT COUNTRY?
ij l		4101			20906		Unite	ed States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D	ECENDENT OF HISPANI	C ORIGIN? (Specify Ye	s or No- 1	4. RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married	FORCES? 1 X YE IF YES, GIVE WAR OR WW II	DATES		specify Cuban, Maxican ES 2X NO Specify:			Black, White, etc. SpecifyWhite
	3 Widowed 4 Divorced	WW II		1	Lag it opening.			SpecifyVVIIILE
	15. DECEDENT'S ED (Specify only highest grad	UCATION (COMPONENT)	16a. DECEDENT'S	USUAL OCCUPA	TION	186. KIND OF BU	SINESS/INDUS	STRY
ᄪ	Elamentery/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	work done during i se retired.)	nost of working			
릴	12		Security	y Guard		Vitro	Corpor	ration
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18 MOTNED'S NAM	IE (First, Middle, Maiden	Comment	
	Ge	orge Rigby				i. Brown	Sumemer	
BE	19a. INFORMANT'S NAME (Type/Print)							
2	Judy Irvin				and Number or Rural Re			
	-				Hill Road			
	20a. METHOD OF DISPOSITION 1-XX Burial 2 Cremation 3 Rer	noval from State	b. PLACE AND DATE	OF DISPOSITION (Name of Augus	128TE 20c. LO 91 John	CATION — CIT	ly or Town, State
0.0	4 Donation 5 Other (Specify)	F	orest La	vn Ceme				
	21. SIGNATURE OF FUNERAL SERVICE A	CENSEE		22. NAME	AND ADDRESS OF FAC	NTY Robert	A. Pun	ophrey Funeral 57 Wisconsin
	> M. A. 14	dh. ei	M00846	Bethe	esda-Chevy	Chase, I	nc. 75	557 Wisconsin
-	ricount.	Miller		Avenue	e, Bethesd	a, Maryla	nd 20	0814-3501
	23. PART I, Enter the diseases, or shock, or heart failure.	List only one cause on	ed the death, Do i aach lina.	not anter tha m	ode of dying, auch	as cerdiac or reepi	ratory erres	
	IMMEDIATE CAUSE (Finel							Interval Between Onset and Death
	disease Dr condition	· Core	Quira c	ar	ruth	lan -		
		DUE TO (OR AS	A CONSEQUENCE O	F):	0			
z	Na. 2015	. Cor	0120001	aur	terio.	sichern	2 , 2	, [
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	OF AS A CONSEQUENCE OF:					
₹ I	cause. Enter UNDERLYING							ĺ
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):				
눈	resulting in death) LAST							
8		0						
EDICAL	PART II. Other significant condition	ns contributing to death	but not resulting	n the underlyl	ng ceuse given in P	art I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
5						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	X] NO	DF DEATH?
Σ						-		1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL							
<u></u>	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Chec	k only one)		
YS	1 X YES 2 □ NO	1 Inpetient 2 ER/Ou	Ipatient 3 DOA		me 5X Residence 6	☐ Other (Specify)		
PHYSICIAN:	27. MANNED OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			JURY AT	28d. DESCRIBE HOW II	NJURY OCCUP	RED
B⊀	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be	28a. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, a	treet, factory, offi	ca :	281. LOCATION (Street a	and Number or	Rural Route Number,
III I	4 Nomicide datermined	bunding, etc. jop	2017)			City or Town, State)		
COMPLET	29a. CERTIFIER 1 CERTIFYINO PHYS	ICIAN. To the best of						
Z I	(Check only One)	ICIAN: To the best of my know	wledge, death occurre	d at the time, dat	a and place, and due to	the cause(a) and man	iner as stated.	
8			on end/or investigation	n, in my opinion.	death occured at the ti-	me, date and place, an	d due to the c	sause(a) and manner as stated.
ш	296 SIGNATURE AND TITLE OF CENTIFIE	٩			29c. LICENSE NUMB	ER	29d. DATE S	IONED (Month, Day, Year)
8	2000	when "	0		008546			st 20, 1991
유	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF D	EATH (ITEM 27) (Type.	Print)				*
	John Tauber, M	4.D. 8218 Wi	sconsin A	venue.	Bethesda	Maruland	20014	
	31. DATE FILED (Month, Day, Year)	32. REGISTRARYS SIG	NATURE		_ concoda,	Mar yrand	20014	
	AUG 21 '91	32. REGISTRAR'S SIG	an pandell					
1.00	1100 1 0 1	4	The same of the sa					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last	F REIN				2. DATE O	OF DEATH DA		3. 1	1 Short
	4. SOCIAL SECURITY NUMBER 577-18-7748	1 X M 2 - F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month, July	Day, Year)	1920 N	Country) ew Yo	
TOR L	98. FACILITY NAME (If not institution, give SHADY GROVE RESIDENCE OF DECEDENT	HOVENTIST	HOSPITAL "	Rockvi	MONTGOMERY					
DIRECTOR	10e. STATE 10b. COUN	tgomery	10c. CITY, TO ROCKY	ION				I. ENSIDE PITY LIMITS? YES 2 XXNO		
FUNERAL	100. STREET AND NUMBER 17205 Larosa Dr.			ZIP CODE			OF WHAT	COUNTRY?		
B⊀	11. MARITAL STATUS 1 Never Married XX Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF IN U.S. ARMED FORCES? 1 X YES 2 NO If yes, specify Cube IF YES, GIVE WAR OR DATES 1 NO YES 2 17 NO				n, Puerto R		or No 14.	RACE — Black, WI Specify:	Amarican Indian, hite, atc. White
COMPLETED	15. DECEDENT'S ED (Specify only highest gran Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of work flowed in the completed) (Secondary (0-12) College (1-4 or 5 +)						overni		
	17. FATNER'S NAME (First, Middle, Last) Edward Reines	S NAME (First, Middle, Last) 18. MOTHER'S								
TO BE	19a. NFORMANT'S NAME (Type/Print) Patrick J. Rein	es			nd Number or Aural I	Route Numb	er, City or Town			
	20s, METHOD OF DISPOSITION 1\(\times \text{Source} \) Burlet 2 \(\text{Coremetion} \) 3 \(\text{Re} \) 4 \(\text{Donation} \) S \(\text{Other} \) (Specify) \(\text{Coremetion} \)	moval from State	b. PLACE OF DISPOSITIO other place) Forest Oak	Name of cer	netery, crematory or		20c. LO	cation - cm therst	y or Town,	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	ID ADDRESS OF FA	CILITY	De Vol	Fune	cal H	Iome
	M00896 10 E. Deer Park Dr. Gaithersburg, MD 20 23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Brock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSOURNCE OF):									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF):	JI	nfare	tion				
CAL		Other aignificent conditions contributing to death but not resulting in the underlying cause given Parkusous Divare						PRI IN Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 NO		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑NO	HOSPITAL:		THER:	ACE OF DEATH (Ch		0.00000			
PHYS	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.	URY AT PROPERTY OF THE PROPERT	7		NJURY OCCUI	RED	
TED BY	Accident investigation Suicide 6 Could not to determined	28e. PLACE OF INJUR building, atc. (Spi	IY — At home, farm, streedfy)					t and Number or Rural Route Number, e)		
COMPLETED	and any	YSICIAN: To the best of my know								nd manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	7)	29c, LICENSE NUMBER 29300				29d. DATE SIGNED (Month, Dey. Year)			
10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	eath (ITEM 27) (Type Pri	Rick	Me, Mc	1. 2	0 85	6	, ,	,
	31. DATE FILED (Month, Day, Year)	22. pegistrasis sig)		V			



01 01753

1

BALTIMORE, MARY	ours after death. Page 6 may be retained	r filled in by the funeral director, page 5 should tion, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

	REGISTRAR		С	ERTIFIC	ATE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O MONTH	F DEATH DAY	r 1	3. TIME OF DEATH
	Luther Henry Sisco						Aug	1,1	991	
	4. SOCIAL SECURITY NUMBER 220-01-9946	1 M 2 - F	6. AGE (In yrs. la		HTHE DAYS	HOURS MIN.	7. DATE Of (Month),	F BIRTH Day, Year)	100	BIRTHPLACE (State or Foreign Country) Maryland
5	9a. FACILITY NAME (If not institution, give At Home R. F. D		c Hall		Rock		DEATH			y of Death nt
ទួ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT				OWN OR LOCATION					
L DIMECTOR	Maryland Kent R.F.D.						44 0/2/20	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNEHAL	R. F. D. #2 Box	108							_	N OF WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN (1 C A)	DMED		NDENT OF HISPA	NIO ORIONIO	40 14 - V	USA	4. RACE — American Indian.
R	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 18	YES 2	NO		If Cuban, Mexic	an, Puerto Ri		or No.	Bleck, White, atc. Specify: Black
3	15. DECEDENT'S EOU (Specify only highest grade	UCATION fe completed	16a. D	ECEDENT'S US	UAL OCCUPATION	of weeking	16b. I	CIND OF BUS	INESS/INDUS	STRY
COMPLE	Elementary/Secondary (0-12) Secondary	College (1-4 or 5+)	116	Labo	etired.)	or working		Facto	rv	
	17. FATHER'S NAME (First, Middle, Last)				1	18. MOTHER'S N	ORCH CHILD		Sumame)	
מ	William Sisc	0					ie Ul			
2	100. INFORMANT'S NAME (Typo/Print) Mrs. Hilda Sis	2.0	19		DRESS (Street and					
ĺ	200. METHOD OF DISPOSITION	0	000 01 000		ON (Name of came			_		
	1 P Burlat 2 Cremation 3 Ren	movat from State	other p	lace)						ty or Town, State
	4 Donation 5 Other (Specify) Aaron Chapel Cemetery Rock Hall Maryland									
- 1	22. NAME AND ADDRESS OF FACILITY WALLEY FUNERAL HOME									
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one caus	e on each lin	eeth. Do not	enter the mod	e of dying, su				Own Md 216 Approximate Interval Betwoonset and De
IIIFICATION	ahock, or heert failure. IMMEDIATE CAUSE (Final	a. meta. DUE TO (e on each lin	EQUENCE OF):	enter the mod	e of dying, su				et, Approximate Interval Betw
. CERTIFICATION	shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. THE TO (OR AS A CONSE	EQUENCE OF):	Canc	e of dying, su	ch as cardi	ac or reapi	retory erree	ot, Approximate Interval Betw Onset and De
: MEDICAL CE	ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. THE TO (OR AS A CONSE	EQUENCE OF):	Canc	e of dying, su	n Part I.		AUTOPSY MED?	et, Approximate Interval Betw
: MEDICAL CE	ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions.	a. THE TO (OR AS A CONSE	EQUENCE OF):	the underlying	e of dying, su	n Part I.	24a. WAS AN PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
: MEDICAL CE	ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	a. THE TO (OR AS A CONSE	EQUENCE OF):	the underlying	cause given in	n Part I.	24a. WAS AN. PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
PHYSICIAN: MEDICAL CE	ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Watural 5 Pending	a. The day one cause a. The day one cause a. The day one cause DUE TO () c. DUE TO () d. Due TO ()	OR AS A CONSE	EQUENCE OF):	the underlying 26. PLA OTHER: Nursing Home 28c. NINJU WOR	cause given in	n Part I.	24a. WAS AN. PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
ED BY PHYSICIAN: MEDICAL CE	ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH	a. THE TO (OR AS A CONSE	EQUENCE OF): COUEN	the underlying 26. PLA THER: Nursing Home FY 28c. Nisu	cause given in	n Part I.	24a, WAS AN PERFORI 1 YES 2 (Specify)	AUTOPSY MED?	24b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
ED BY PHYSICIAN: MEDICAL CE	ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vietural 5 Pending Investigation (revestigation 3) Suicide 8 Could not be determined	a. The day one cause a. The day one cause a. The day one cause DUE TO (1) b. DUE TO (1) c. DUE TO (1) d. DUE TO (1) d. DUE TO (1) 28e. DATE OF I (Month, De) 28e. PLACE OF building, c	OR AS A CONSE OR AS	EQUENCE OF): CO	tha underlying 26. PLA THER: Nursing Home NF M 1 VE et, factory, offica	cause given in	n Part I.	24a. WAS AN. PERFORI 1 YES 2 (Specify) RIBE HOW IN	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vietural 5 Pending Investigation (revestigation 3) Suicide 8 Could not be determined	a. The cause of the country one cause as a contributing to compare the country of	OR AS A CONSE OR AS	EQUENCE OF): CO	the underlying 26. PLA THER: Nursing Home PF 28c. INJU Y WOR 1 YE et, factory, office at the time, date a	cause given in	n Part I.	24a. WAS AN. PERFORI 1 YES 2 (Specify) RIBE HOW IN	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

							91 2479
	1 - STATE OF M	ARYLAND / DEPAR	TMENT OF H		MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Leat) Earl Garrod Swaffor	- 1	ICATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 216-44-9269 1 Ø/M 2 □ F	8. AGE (In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dely, Year)	1111	BIRTHPLACE (State or Foreign Country)
OR OR	9a. FACILITY NAME (If not institution, give street and number) ANNE ATUNGEL	oev .	9b. CITY, TOWN	OR LOCATION OF D	EATN .	9c. COUNTY	of DEATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
D	MD Anne ARun	del A	nnapoli				X YES 2 NO
ERAI	100. STREET AND NUMBER 23 Wagner Street		101	21403		USA	OF WHAT COUNTRY?
BY FUN			If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, etc.)	fee or No 14.	RACE — American indian, Black, Whita, atc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUPATION		16b, KIND OF E	USINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)		es retired.)		U	SNA	
	17. FATHER'S NAME (First, Middle, Last) Howard F. Swafford			and the second	AME (First, Middle, Meid l Garrod	en Surname)	
TO BE	t9a. INFORMANT'S NAME (Type/Print)				Route Number, City or		
	Helen Margret Fox Swa	fford 23				OIIS,	MD 21403
	1 Burial XIX Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Metro Ci	remator	У			re, MD
	21. SIGNATURE OF FLINGRAL SERVICE LICENSEE	ll			uneral Ho Ave. Ann		
- 13	23. PART I. Enter the diseases, or complications the shock, or heart fellure. Liet only one cau IMMEDIATE CAUSE (Final disease or condition resulting in death)					spiretory arreat	t, Approximate interval Between Onset and Death
Z	- MI	A CONSEQUENCE O	JF):				
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE O	DF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OR AS A CONSEQUENCE O	PF):				
PHYSICIAN: MEDICAL CI	PART II. Other algnificent conditions contributing to	death but not resulting	In the underlyin	g cause given le		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
N: ME						,	1 TYES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Input long 2	ER/Outpatlant 3 □ DOA	OTHER:	LACE OF DEATH (C	check only one)		
PHYS	27. MANNER OF DEATN 28s. DATE OF Month, D	INJURY 26b. TH	ME OF 28c. IN	JURY AT DRK?	26d. DESCRIBE HO	W INJURY OCCUP	RED ,
ВУ	2 Kaccident Investigation 28e/PLACE O	3/91/10		YES 2 NO	281. LOCATION (Stri		PUISION Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only						
BE CO	2 MEDICAL EXAMINER: On the basis of at 29b. SIGNATURE AND TITLE OF CHARTER	amination and/or investigat		29c. LICENSE N			cause(a) and manner as stated. SIGNED (Month, Day, Year)

William John	Deputi	1 DO60
O. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	1 0

31. DATE FILED (Month, Dey, Year AUG 28 19

DHMN-16 Rev 1/89

a mai

4-		213-07-1090	1 🗆
		9e. FACILITY NAME (If not institution, give st	
("EE)	TOR	Meridian Corsi	ca
	DIREC	10e. STATE 10b. COUNTY	een
46 physician. burial-transit permit	ERAL	100. STREET AND NUMBER Meridian Corsi	ca
-3146 ding physician the burial-tra	TO BE COMPLETED BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. W
BALTIMORE, MARYLAND 21203-3146 er death. Page 6 may be retained by the hospital or attending phys the funeral director, page 5 should be detached for use as the burial examiner must be notified at once.	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION comple Coll-
/LAND by the hot be detact	E COM	17. FATHER'S NAME (First, Middle, Last) William A. Schi	nei
MARN be retained le 5 should	TO B	19. INFORMANT'S NAME (Type/Print) Mr. William R.	Jo
IORE, ge 6 may lirector, pag		20e. METHOD OF DISPOSITION 1 Metric 2 Cremetion 3 Remote 4 Donetion 5 Other (Specify)	
BALTIN er death. Pa the funeral d val.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE
hin zernours aft tely filled in by mation, or remo		23. PART I. Enter the disesses, or a shock, or heart feliure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	
VITAL RECORDS, P.O. BOX 13146, IAN: The law requires that the death certificate be executed wit rificate has been signed by the attending physician and comple ne State Dept. of Health and Mental Hygiene prior to burial, cre or item 23 shows any injury, or other traumatic even	SICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	b
L RECORDS, P.C isw requires that the death c las been signed by the attendibetr. of Health and Mental Hy 23 shows any injury, or	DICAL CER	PART II. Other significant condition	s con
AL REC(le law require has been sig Dept. of He:	IAN: ME	25. WAS CASE REFERRED TO MEDICAL	
F VITAL VSICIAN: The s certificate h th the State C		EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HO:
DIVISION OF V TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certil be filled within 72 hours after death with the IMPORTANT: If Item 28 is marked, or	BE COMPLETED BY PHY	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	
DIV SPITAL OR J INERAL DIRE Ithin 72 hours NT: If Item	OMPLE	(Theck only CERTIFYING PHYSIC MEDICAL EXAMINE	_
TO THE HO TO THE FU be filed wit	O BE C	29b. HUNATURE AND TITLE OF CERTIFIE	Z

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 24797 CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 08/22/91 5:50p Clara Mary Schepeer 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. BIRTHPLACE (State or Foreign 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 10/15/92 Country) DAYS HOURS 98 YRS. M 2 X F d number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hills N.H. Corsica Oueen Anne's 10c. CITY, TOWN OR LOCATION COLSICA 10d. INSIDE CITY Anne's 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Hills N.H. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO FYES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Ricen, atc.) 14. RACE - American Indian, Black, White, etc. Specify: White 1 TYES 2 NO Specify. 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY eted) ege (1-4 or 5+) Homemaker Home 16. MOTHER'S NAME (First, Middle, Maiden Surneme) der Mary Etzel 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 806 Dividing Road nes Severna Park 21146 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Holy Redeemer Baltimore, MD 495 Ritchie Hwy. 22. NAME AND ADDRESS OF FACILITY Barranco Funeral Home Severna Park MD 21146 icstions that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximats niy ons causs on sach iins. interval Between Onset and Daath AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ntributing to dasth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO 26. PLACE OF DEATH (Check only one) SPITAL: OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 K Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 25e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED NJURY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(e) end manner ee stated. tion end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner ee stated. GNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7) e, Print)

E

PH

- IBB

M.D

G

ĺ	ital o	of p	
	hosp	tache	99
i	y the	be de	at or
	ned t	pino	Hed
	e reta	5 sh	noti
	ay be	page	t be
	e 6 n	rector,	MUS
	Pag.	ral dir	iner
	death	fune	ехап
	after	by the	icai
	Dours	of In	med
	124	by fille	the
	withi	crem	rent,
	cuted	d com	ic e
	e exe	an and	пша
	ate b	hysicii prior	r tra
	Sertific	ling p	othe
	eath (attend rtal H	y, or
	the d	Mer Mer	injur
	that	th and	any
	quires	n sign	OWS
	W re	beer of	3 sh
	The	te han	ет 2
	NAN:	rtifica he Sta	or it
	HYSIC	vith th	ed,
	NG P	fter the	mari
	FEND	fter d	80
	R AT	RECT Urs a	эш 2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or nameral	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	IOSPI	UNEH	ANT
	THEH	THE F	PORT.
	2	2 3	Ĕ

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR	RTMEN	T OF H	EALTH DE A	AND	MENT	TAL HYGIEN		91	24798
	1. DECEDENT'S NAME (First, Middle, Last) KENNETH	JERMA				reve			MO	ATE OF DEATH		9 9 1	3. TIME OF DEATH 9:45 D M
	4. SOCIAL SECURITY NUMBER 220-78-9681	5. SEX 1)\(\tag{M} 2 \cap F	6. AGE (In yrs. la:	st birthday) YRS.		DAYS	# UNDER	24 HRS. MIN.	7. DA (M	TE OF BIRTH lonth, Day, Year) 9 1973		B. BIRTHI Country	PLACE (State or Foreign
œ	9a. FACILITY NAME (If not institution, give st				1	Y, TOWN C			EATH	1973		INTY OF DE	
DIRECTOR	P.O. BOX 266 CEMETARY LANE SOUTH GRAYSONVILLE QUEEN ANNES RESIDENCE OF DECEDENT 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION												
		N ANNE	10c. CIT		YS01		LE					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	P.O. BOX 266				-	101	ZIP COD				10g. CIT		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 12. Never Married 2 Merried 3 Widowed 4 Divorced	ARRITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES XX Never Married 2 Merried IF VES CHUE WAS OR DATES.			13.	WAS DEC II yes, spe 1 _ YES	cify Cuba	OF HISPAI	en, Puer	GIN? (Specify Yes	or No—	14. RACE Black, Specifi	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5	(G	CEDENT'S live kind of a	USUAL O work done se retired.)	CCUPATIO during mo:	IN st of worldi	ng		16b. KIND OF BU	SINESS/INI	B L A	ICK
OMP	17. FATHER'S NAME (First, Middle, Last)			STUD	ENT	-	10 MOT	MEDIG NA	ME /Ei-	st, Middle, Maiden	C		
BE C	FRANCIS FISHER						VA	NES	SA	STEVE	NS		
2	19a. INFORMANT'S NAME (Type/Print) VANESSA VEENEY									umber, City or Tow			0
	20a. METHOD OF DISPOSITION 1X Deurlal 2 Cremetion 3 Remo	val Irom State	20b. PLACE	ANDDATE	OF DISPOS	SITION (Na	me of		0		CATION	City or You	o Ctata
	21. SIGNATURE OF FUNERAL SERVICE LICE	11 1	240	LIK O	22.	NAME AN	D ADDRES	SS OF FA	CILITY	321 ME	ST ₂ S	401ª	NNAPOLIS,
	23. PART I. Enter the diseases, or control of the state o	omplications the list only one cau	t caused tha de se on each line	במ W	OUNT	tha mod	da of dyl	ing, auc	h aa c	MORTU ardiac or reap	ratory sr	reat,	Approximate Interval Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted avents resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OI	f):								
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions	contributing to	death but not r	esulting I	in tha ur	ndarlying	csusa g	jiven in	Part I.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIAN:		HOSPITAL:			OTHE	a -	ACE OF D						
Y PHY:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, Da	INJURY	28b. TIMI	E OF URY	28c. INJL WOR	IRY AT		28d. D	PESCRIBE HOW I			CUNCHOT
TED BY	2 Accident Investigation 3 X Suicide a Could not ba 4 Homicide determined	28e. PLACE OF	F INJURY — At ho								WOUND		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of On the basis of ax	my knowledge, de amination and/or i	ath occurre	d at the t	ime, deta	and place,	end due	to the o	cause(a) and men	iner as stat	ted.	
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER NONald & Wing 1	J- MD					29c, LICE		ABER		29d. DAT	E SIGNED /	Month, Day, Year)
		+ MD I	DOME	27) (Type,		IN S	TRE	ΕT	ВА	LTIMOR	-		LAND 2120
j	31. DATE FILED (Month, Day, 16ar)	32. REGISTRAI	SIGNATURE										

Apple 1881 July 1881

	pinous		
1	1.2,3		
	Pages		l
	permit.		
lan.	transit.		
physic	burial		
ttending	as the		
tal or a	for us		
e hospi	etached		nce.
d by th	of be d		o at o
retaine	5 shou		notifie
may be	or, page		ed 1st
Page 6	directic		ner mu
death.	a funera		ехаш
rs after	n by the	геплоча	medical examiner must be notified
NOW 17	filled is	ion, or	the me
HYSICIAN: The law requires that the death certificate be executed within zormours after death. Page 6 may be relained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit germit. Pages 1, 2, 3 should	with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	went,
executed	and co	bunal o	natic (
ate be	nysician	prior to	r traur
certific	ding ph	Hygiene	r othe
e death	he after	Mental	jury, o
that th	ed by t	th and	any In
requires	en sigr	of Hea	Shows
he law	e has be	te Dept.	ш 23
CIAN: 1	ertificat	the Star	or Ite
3 PHYS	or this c	th with	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	fter dea	28 fs ma
OR AT	DIRECT	be filed within 72 hours after	Item 2
OSPITAL	INERAL	thin 72	NAT: IF
THE H	THEF	filed w	PORTA
5	5	2	=

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last) Miles	Hollen	SHREVE			2. DATE OF DEATH		3. TIME OF OEATN 1 9:14 a m
	214-76-5086	M 2 □ F 45	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 29,	1946 We	BIRTHPLACE (State or Foreign Country) Est Virginia
TOR	9a. FACILITY NAME (If not institution, give street Garrett County Mem RESIDENCE OF DECEDENT				land	EATN	9c. COUNTY Ga	of DEATN rrett
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MD	Garrett		rown or Locat	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER Rt. 1, Box 3			101	21550)		OF WHAT COUNTRY?
В		2. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		NIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	riON mpleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during mo etired.)		16b. KIND OF BU		RY
BE COM	17. FATHER'S NAME (First, Middle, Last) Salem	Shrev			16. MOTHER'S NA Laura	ME (First, Middle, Malden Esther	Surname)	nlin
TO	19a. INFORMANT'S NAME (Type/Print) Salem Shreve		Rt.1,	Box 3,	0akland	Route Number, City or Tov l, Maryland	2155	0
	28e. METNOD OF DISPOSITION 1 Surfal 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	P1	other place) easant Va	alley C	emetery	0	akland	
	21. SIGNATURE OF FUNERAL BURNICE LICEN	Musod		Ste		силу eral Home d St.,Oakl	and, M	D 21550
	23. PART I. Enter the diseases, or con ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Ventricular	ch line.		de of dying, suc	h as cerdiec or resp	elratory arrest	Approximate Interval Between Onset and Deeth 1 hour
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Arterioscl		rdio-Va	scular I	Disease		years
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
MEDICAL	PART II. Other algorificant conditions Grand Mal epile Mental Retardat	psy, long s	tanding	ths underlying	g ceuse given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 💢 YES 2 🗍 NO 1 27. MANNER OF DEATN	Inpatient 2XXER/Outpa 28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ	1 X Naturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	- At home, farm, stre	M 1 🗆	YES 2 NO	281. LOCATION (Street City or Town, State		Bural Route Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	AN: To the best of my knowle						use(a) and manner as stated.
BE CO	200. SIGNATURE AND TITLE OF CENTRIES	9. 11	-29)	29s. LICENSE NU	MILER	29d. DATE SI	GNED (Month, Day, Year)
10	30. MAME AND ADDRESS OF PERSON WHO Herbert H. Leight				D 056			gust 26, 1991 550
2	31. DATE FILED (Month, Day, Year) AUG 2 9 199	32 REGISTRAR'S SIGNA	THRE		, , , , , , , , , , , , , , , , , , , ,	, 102 / 20		

21203-3146

MARYLAND

BALTIMORE,

BOX 13146,

P.0.

RECORDS.

DIVISION OF VITAL

must examiner medicai the event. traumatic other 1 6 Injury, any Shows 23 item 0 marked, 28 Hem TO THE HOSPITAL TO THE FUNERAL DE filed within 72 h

1. OECEOENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 1991 August 25, SNYDER Lyverl Rex 8:00 P 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 217-28-9974 May 24, 58 West Virginia 1933 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Garrett County Memorial Hospital Oakland Garrett RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Garrett Mt. Lake Park 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 411 D Street 21550 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced Korean White COMPLETED 18a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) 9th College (1-4 or 5+) Plumber Plumbing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Rex Snyder Clara Alice BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gladys V. Snyder 411 D St., Mt. Lake Park, MD 21550 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Keefer Cemetery Oakland, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 32 S. Second St., oakland, MD ad 21550 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate ahock, or heart feliure. List only one cause on each line. Interval Setween IMMEDIATE CAUSE (Finel Onset and Death disease or condition_ lectro mechanics resulting in death) Sudden DUE TO (OR AS A CONSEQUENCE OF): Sudden Jav COGENIC CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUE NCE OF): if eny, leading to immediate ceuse. Enter UNDERLYING Trasive Sudden CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE pmo 1 TYES 2 NO **DF DEATN?** 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE NOW INJUSTY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: Op, the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTS 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE > 9/26/91 D23979 2 SON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Dr. Robert Goralski, MD 311 N. Fourth Street, Oakland, Maryland 21550 32 REGISTRAR'S SIGNATURE 9 Julia Savidson

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

TO BE COMPLETED BY FUNERAL DIRECTO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGII		
1. OECEDENT'S NAME (First, Middle, Lest) DOROTH	Y	c.	S	MITH	2. DATE OF DEATH MONTH AUGUST		3. TIME OF OEATH 8:48P
1. SOCIAL SECURITY NUMBER 214-05-4298	5. SEX 6. AGE 1 □ ₩₩ F 78		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-21-19)	BIRTHPLACE (State or Foreign Country) WV
e. FACILITY NAME (If not institution, give st Memorial Hospital RESIDENCE OF DECEDENT			Cumbe	r Location of Di	EATH		egany
oa. STATE 10b. COUNTY D Allegar			rland,	ON			10d. INSIDE CITY LIMITS? XXIX YES 2 \(\text{NO} \) NO
oo. STREET AND NUMBER 1005 Bedford Stre	eet			ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	s XXNO	if yes, spe		NIC ORIGIN? (Specify n, Puarto Rican, etc.)		4. RACE — American Indian, Black, White, atc. Specify; White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life, Do NOT use in retired	k done during mos atirad.)	t of working		BUSINESS/INDUS	
7. FATHER'S NAME (First, Middle, Last)		recired	enproye		ME (First, Middle, Mei		шс
Anthony W. Cozad				Lucy O			
Mr. Donald B. Sm.	ith		land, M		Route Number, City or	Yown, State, Zip C	code)
Da. METHOD OF DISPOSITION Burlel 2 Cremation 3 Remotion Bonation Bother (Specify) 11. SIGNATURE OF FUNERAL SERVICE LICE	oval from State	PLACE AND DATE OF	Burial 1	Park	8-19 Cu	nberlan	
23. PART I/Entar the diseases, or o	Scarpe	lli	Cumber	cland, M			
Abock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE OF): B A CONSEQUENCE OF):	leni Cirl	Jew Jew	Y D	u^	Interval Between Onset and Dea
PART II. Other significant condition	e contributing to death	but not reaulting in	the underlying	ceuse given in	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	16	26. PL	ACE OF DEATH (C)	eck only one)		
7. MANNER OF DEATH	inpatient 2 ☐ ER/Or 28a. DATE OF INJUR (Month, Day, Year	utpatient 3 DOA 4 Y 28b, TIME (OF 28c, INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HO	OW INJURY OCCU	URED
2 Accident investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, ferm, stre		ES 2 NO	281. LOCATION (Str. City or Town, S	eet and Number of tate)	r Rural Floute Number,
anel	ICIAN: To the best of my known						d. cause(a) and manner as stated.
9b. SIGNATURE AND TITLE OF CERTIFIES	to a	DEATH (ITEM 27) (June 2))	29c. LICENSE NU	The s	29d. DATE	SIGNED (Month, Day, Year)
Dr. H.C. Merri		emorial Hos		ledical	Building,	Cumber	land, MD 21
AUGT 9 1991	32. REGISTRAR'S SH					4	

BOX 68760, DIVISION OF VITAL RECORDS, P.O.

DR. WAYNE SPIGGLE,

AUG 1 9 1991

M.D.

32 REGISTRAR'S SIGNATURES

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR MOLLIE MAE SHAFFER 91 08 16 2:30 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 214-16-2923 1 - M 2XXF 76 YRS WEST VIRGINI 05/01/1915 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT DIRECT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY Pages MD ALLEGANY CUMBERLAND 1 TYES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE ROUTE 3, BOX 245, BEDFORD RD 21502 use as the burial-transit USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 O IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, Puerto Ri 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) most of working page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) SAMUEL SYLVESTER CRONE Ħ MARY SUSAN ROCKWELL notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ALBERT W. SHAFFER 3, BOX 245, CUMBERLAND, MD 21502 Pe 20a, METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Fig. 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Stata must filled in by the funeral director, on, or removal. of cemetary, crematory of HYNDMAN CEMETERY 8/19/91 HYNDMAN. examiner 21. SIGNATURE OF FUNERAL SERVICE DICENSES 22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME HYNDMAN, PA 15545-0636 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart feilure. List only one cause on each line. medical intervai Betwe Onset and Death IMMEDIATE CAUSE (Finei the signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, disesse or condition resulting in death) Cerdiorespiratory Wools HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within event, Thereocclerate Cardiocracalles Distant years traumatic CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 Injury. PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 X NO 1 YES 2 NO t. of P has be Dept. c PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate har with the State D Hem HOSPITAL:
1 Minpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 6 🗆 Other (Specify) 4 I Nurs 0 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 6 Pending 1 YES 2 NO B After Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28 is 1 8 Could not be determined COMPLETED DIRECTOR: / 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 8-17-91 aine D11443 APLETED PAISE OF DEATH (ITEM 27) (Type, Print) 2 30. NAME AND ADDRESS OF PERSON WHO CO

BMG, 912 SETON DRIVE, CUMBERLAND, MD 21502

BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physici	in by the funeral director, page 5 should be detached for use as the burial-
	4 hour	filled Ir
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-st

use as the bunial-transit or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

WILDA VIRGINIA	CTDEC				2. DATE OF DEATH DO AUGUST 20	Ď, 1991	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birth	dev) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		1:25 A N
214-07-2152	1 🗆 M 2 😾 F	81 Y	RS. MONTHS DAYS	HOURS MIN.	May 8, 19	1() Cour	Md.
9e. FACILITY NAME (If not institution, give	atreet and number)	01	9b. CITY, TOWH	OR LOCATION OF D		9c. COUNTY OF	
SACRED HEART HO	OSPITAL		CUMBE	RLAND		ALLEGA	NY
10s. STATE 10b. COUNT		100	CITY, TOWN OR LOCA				10d, INSIDE CITY LIMITS?
Md. All	egany		Cumberla				1 YES 2 NO
Rt.#3 Box	35		10	21502			S.A.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No— 14. RA	CE — American Indian, ick, White, etc.
1 Never Married 2 Merried 3 Nicolar Widowed 4 Divorced	IF YES, GIVE W			2 X NO Speci			White
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDE	ENT'S USUAL OCCUPATION of work done during me IOT use retired.)	DN ost of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 -) IIIe. Do N			wife		
17. FATHER'S NAME (First, Middle, Last)				Y	AME (First, Middle, Maiden	Surneme)	
William Clevela	nd Wigfie	ld		Lu	lu Jane Bu	CV	
19e. INFORMANT'S NAME (Type/Print)		19b. MA	Party of the Control of the State of the Sta	and Number or Rural	Floute Number, City or Tow	m, State, Zip Code)	
Robert Wigfield			9 Box 293		land, Md.		
20a. METNOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Res	noval from State		pate of disposition natory of other place)			Cumb. M	
4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- IHITICIES					
D. 1.41	10	,			itt Funera		
/ Cornect (. Class	Sma			St. Cumb.	•	
23. PART I. Enter the diseases, or shock, or heart failure	. List only one cet	it caused the deeth. use on each line.					Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition	noci	insent	nvow	inn	Chu ce	1	Onset and Deat
resulting in death)	DUE TO	(OR AS A CONSEQUEN	ICE OF):	•	Chn ce	1	1,1
	h			U	MITA	Trus	
Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEQUEN	CE OF):				
CAUSE (Disease or Injury	c						
that initiated events	DUE 10	(OR AS A CONSEQUEN	ICE OF):				
resulting in death) LAST	d						
							4b. WERE AUTOPSY FINDINGS
	ins condibuting to	death but not resul	ting in the underlyin	g cause given in			
resulting in death) LAST	one condibuting to	death but not resul	ting in the underlying	g cause given in	Part I. 24e. WAS AN PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
resulting in death) LAST	one condibuting to	death but not resul	ting in the underlyin	g cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significant coulditie	ne conflibuting to	death but not resul	ting in the underlyin	g cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	death but not resul	26. P	g cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ER/Outpatient 3 □ □	26. P OTHER: NOA 4 Nursing Hot	LACE OF DEATH (C	PERFO 1 YES: heck only one) 6 Other (Specify)	RMED? 2 (JANO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient 3 D D FINJURY 28	28. P OA 4 Nursing Hot b. TIME OF 28c. IN INJURY 28c. IN	LACE OF DEATH (C) me 5 Residence JURY AT ORK?	PERFO 1 YES:	RMED? 2 (JANO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant couldition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH A Return 5 Pending Investigation 2 Accident Investigation	HOSPITAL: 1 Dispatient 2 28a. DATE OF (Month, L) 28a. PLACE OF	ER/Outpetient 3 DF INJURY 28i	OTHER: DOA 4 Nursing Hot b. TIME OF 28c. IN INJURY M 1	LACE OF DEATH (Come 5 Pesidence JURY AT ORK? YES 2 NO	PERFO 1 YES heck only one) 6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant coedition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH Netural 5 Pending	HOSPITAL: 1 Propertient 2 [28e. DATE OF (Month), [] 28e. PLACE OF	ER/Outpatient 3 D D FINJURY 28	OTHER: DOA 4 Nursing Hot b. TIME OF 28c. IN INJURY M 1	LACE OF DEATH (Come 5 Pesidence JURY AT ORK? YES 2 NO	PERFO 1 YES: heck only one) 6 Other (Specify)	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant coddition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Dispatient 2 [28a. DATE (Month), [28a. PLACE (building)	ER/Outpatient 3 DE INJURY 26/1 PINJURY At home, 1, etc. (Specify)	OTHER: A OTHER: A Nursing Hother B. TIME OF INJURY M 1 farm, street, factory, office	LACE OF DEATH (C) THE 5 Residence JURY AT ORK? YES 2 NO	PERFO 1 YES 6 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stele	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNED OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Propostion 2 E 28e. DATE (Month, E 28e. PLACE (building,	ER/Outpatient 3 DE INJURY 266 F INJURY — At home, 1 etc. (Specify)	OTHER: 4 Nursing Hot b. TIME OF INJURY M 1 farm, street, factory, office	LACE OF DEATH (C) me 5	PERFO 1 YES 1 YES 6 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stele	INJURY OCCURED and Number or Run inner sa stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Impatient 2 28a. DATE OF (Month, L) 28a. PLACE C building, SICIAN: To the best of e	ER/Outpatient 3 DE INJURY 266 F INJURY — At home, 1 etc. (Specify)	OTHER: 4 Nursing Hot b. TIME OF INJURY M 1 farm, street, factory, office	LACE OF DEATH (Come 5 Residence JURY AT DRK? YES 2 NO ce a end piece, end du death occured at th	PERFO 1 YES 1 YES 6 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stelle) to the cause(e) and make itme, date and place, e	INJURY OCCURED and Number or Run inner as stated. Indidue to the ceus	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note: No No No No No No No No No No No No No
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Impatient 2 28a. DATE OF (Month, L) 28a. PLACE C building, SICIAN: To the best of e	ER/Outpatient 3 DE INJURY 266 F INJURY — At home, 1 etc. (Specify)	OTHER: 4 Nursing Hot b. TIME OF INJURY M 1 farm, street, factory, office	LACE OF DEATH (C) me 5	PERFO 1 YES 1 YES 6 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stelle) to the cause(e) and make itme, date and place, e	INJURY OCCURED and Number or Run inner sa stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If Route Number,
PART II. Other significant conditions and significant conditions are separated by the significant conditions and significant conditions are separated by the significant conditions are significant and significant significan	HOSPITAL: 1 Impatient 2 Eas. DATE OF (Month, L) 28a. PLACE C building, SICIAN: To the best of ease. ER	DF INJURY — At home, 1 etc. (Specify)	DOTHER: DOA 4 Nursing Hot D. TIME OF 28c. IN INJURY M 1 Farm, street, factory, office Doccurred at the Ilme, dat stigation, in my opinion,	LACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ce a end plece, end du death occured at th	PERFO 1 YES 1 YES 6 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stelet) 10 to the cause(e) and me in the lime, date and place, e	INJURY OCCURED and Number or Run inner as stated. Indidue to the ceus	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If loute Number,
PART II. Other significant cogldition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Vetural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	HOSPITAL: 1 Dinpatient 2 E 28a. DATE OF (Month), E 28a. PLACE Of building. SICIAN: To the best of e EER	DF INJURY — At home, 1 etc. (Specify)	DOTHER: DOA 4 Nursing Hot D. TIME OF 28c. IN INJURY M 1 Farm, street, factory, office Doccurred at the Ilme, dat stigation, in my opinion,	LACE OF DEATH (Come 5 Residence JURY AT DRK? YES 2 NO ce a end piece, end du death occured at th	PERFO 1 YES 1 YES 6 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stelet) 10 to the cause(e) and me in the lime, date and place, e	INJURY OCCURED and Number or Run inner as stated. Indidue to the ceus	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If Route Number,

use as the burial-transit permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

BE COMPLETED BY

2

ğ		
ched		eć.
deta		5
20		ä
hou		ğ
5		10
page		å
Unscript and the entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		PEST
dire		1 Je
Peral		튵
e fu	-	exa
th ch	MOV	ca
1	7. 76	Deg
filled	OU, (her
rtely	mati	Ä,
mple	, cre	ever
00 p	unial	tic
in ar	20	пша
Sicia	prior	2
nd 0	ene	the
ndin	Ž	0 20
atte	ental	7
y the	Ž P	Ī
d ba	th an	any
Sign	Heal	*
Deen	0	읈
has	Dept	23
ate	tate	tem
W.	the S	6
100	E .	Sed.
ä	ŧ	È
4	9	
8	٤	23
품	hou	를
TO THE PUNERAL DIR	be filed within 2 hours that death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or frem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ž	đ	AM
포	led v	PO
10	be fi	M

TO THE PO THE POPULATION OF STREET

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

3 🗌 W

17. FATH Har 19a, INF

11 RESI 10e. ST/ N 10e. STI

FOR - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPART ERTIFIC	MENT	OF H	EALTH DE AT	AND I	MENTAL HYGIEN	E	91	24801
1. DECEDENT'S NAME (First, Middle, Last)	,							2. DATE OF DEATH			3. TIME OF DEATH
CYRUS HARRY	SCHROYER							Aug. 30.	1991	YEAR	7:50 a. m
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER		IF UNDER		7. DATE OF BIRTH		a. BIRTHP	LACE (State or Foreign
217-30-5568	1 2 M 2 □ F	78	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 11/5/1911	2	MD.	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN	R LOCATI	ON OF DE			NTY OF OE	ATH
11433 Haugh's C	hurch Road	1		De	tow	r			F)	ieder	ick
10e. STATE 10b. COUN	erick		10c. CITY,	TOWN O	WL CAT	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER					101	. ZIP COD	E		10g. CIT	IZEN OF WI	HAT COUNTRY?
11433 Haugh's Ch	urch Road					21	725		USA		
11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT	YES 2 N	MED	- 1	if yes, sp	ENDENT Code	n, Maxica	NIC ORIGIN? (Specify Yar an, Puerto Rican, etc.) y:	or No—	14. RACE Black, Specify	- American Indian, White, etc. :: White
15. DECEDENT'S ED (Specify only highest grad	UCATION		CEDENT'S U					16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	£56m	ve kind of wo Do NOT use	retired.)	ounny me	ISE OF WORKI	Ng.				
elementary		far	mer					Karmi	ng		
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)		
Harry Schrouer						Cor	vrie	Green			
190. INFORMANT'S NAME (Typo/Print) Austin M. Schroy	er							Ploute Number, City or You alkers vill			793
29a METHOD OF DISPOSITION 13 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE of cornetary. Gたのふると	AND DATE	OF DISP	OSITION	(Name			CATION -	City or Tow	m. State
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE X	mue	n)	22. S.t	name al	fer 1	ss of fa	ral Home, ryland 217	P.O.		
23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	r complications that b. List only one cau	caused the de	ath. Do no	ot enter	tha mo	oda of dy	ing, suc	ch as cardiac or resp	iratory s	rrest,	Approximats Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in daeth) LAST	. (OR AS A CONSECUTION AS	ne	urd	is	h	&	nfar	Lis	ease	2
PART II. Other algoliticent condition	one contributing to	death but not r	esulting in	the III	darlyin	C Called	given in	Part i 24e MAS AN	ALITTADEV	245	WEDE ALTTOPSY SINDINGS

that ir resulti PART

PERFORMED? 1 TES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 16 HO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: e 5 Tresidence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 5 Pending

1 Netural
2 Accident
3 Suicide
4 Homicide 28e. PLACE OF INJURY — AI home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural floute Number, City or Town, State)

1 CENTIFYING PHYSICIAN: To the best of my knowledge,

26. PLACE OF DEATH (Check only one)

, 32. REGISTRAR'S SIGNATURE LAND SER 1991

DHMH-18 Rev 1/89

and June 2

114

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 YES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO

1 TYES 2 T NO

COMPLETION OF CAUSE

Interval Between **Onset and Death**

YEAR

A

Specify:

White

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILEO (Month, Day, Year)
AUG 29 '91

	N
	٠
	r
-	_
_	
~	
\simeq	
Θ	
œ	
9	
BOX 68760	
×	
$\mathbf{\circ}$	
\mathbf{c}	
_	
-:	
0	
_	
Δ.	
_	
10	
97	
\Box	
RECORDS, P.O.	
ш	
\cap	
\approx	
O	
111	
_	
щ	
_	
⋖	
_	
=	
_	
-	
III.	
OF VITAL	
O	
_	
Z	
=	
O	
_	
S	
_	
>	
DIVISION	

FORG MAN DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 213-30-7030 MIN 1 M 2 - F DAYS Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Baltimore County General Hospital DIRECTOR Randallstown Baltimore 18c, CITY, TOWN OR LOCATION Baltimore Owings Mills Maryland FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. 104 Pleasant Hill Rd. 21117 after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Flementary/Secondary (0-12) College (1-4 or 5 +) Banking 12 Bank Printer 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) To Walter Fern Sullivan Ruth Estella Bair Sullivan BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Edith Sullivan 104 Pleasant Hill Rd. Owings Mills Md. 21177 be 20a, METHOD OF DISPOSITION
1 DI Burlel 2 Cremetion 3 Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must of cemetary, crematory or other place)
John Luther Miller Cem. 8-31-91 Westminster, Md. 21157 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills Md. 21117 the medical 23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. 24 hours **IMMEDIATE CAUSE (Finel** cremation, disease or condition resulting in death) and completely file burial, cremation NEUMONIA event, DUE TO (OR AS A CONSEQUENCE OF) eache polynoursy disease executed RODIC traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING een signed by the attending physician of Health and Mental Hygiene prior to 8 certificate CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 50 Injury, 24e. WAS AN AUTOPSY PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL AUGM shows any 1 TYES 2 NO requires Severe peeu BASA SUNDROHE PHYSICIAN: MOME Dept. 23 W. s certificate has b 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item 2 OTHER: 1 TES 2 NO PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, death with this Natural 1 YES 2 NO BY Investigation 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) FUNERAL DIRECTOR: After dear within 72 hours after dear TANT. If Item 28 is in 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 98 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as stated. HOSPITAL TO THE HOSPIN TO THE FUNER. by fied within 7. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SHOWATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day Year) 29c. LICENSE NUMBER 띪 8 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

> 32. REGISTRAR'S SIGNATURE Arlia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

and a

varifies to

3.01

the state of the state of

·u-u - T'ATTANA E. . i a s

All all Rolling

replacement and a

and Except

Figure 5 diving

T. A.

TO THE HIGHTAL DIFFERENCE OF THE PECORDS, P.O. BOX 13146, TO THE HIGHTAL DIFFERENCE AFFINE THE PROPERTY OF ATTENDING THE PAGE OF THE PROPERTY OF ATTENDING THE PAGE OF THE PROPERTY OF THE PAGE OF TH
--

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART CERTIFI	MENT OF H		MENTAL HYGIEN	E)	1 2400
1. DECEDENT'S NAME (Girst, Middle Lyndon)	le, Last)	Scates			2. DATE OF DEATH MONTH 9 - D	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 577-09-0462	5. SEX 1 M 2 F	AGE (In yrs. lest birthday) 78 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 19,1	913	Countr	PLACE (State or Foreign y) nington, D.(
9a. FACILITY NAME (# not institution 3219 Coquelin			ob. city, town of	Chase		9c. COUN	TY OF D	EATH
RESIDENCE OF DECEDI	NT				·	Mont	gome	
	COUNTY Contgomery		y Chase		28			10d. INSIDE CITY LIMITS? TXX YES 2 \(\bigcap \) NO
10e. STREET AND NUMBER			10	. ZIP CODE				VHAT COUNTRY?
3219 Coquelii	12. WAS DECEDENT ET	VED IN 11 C ADMED	12 WE 05	20815	NIC ORIGIN? (Specify Yes		S.A	
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 THO	if yes, sp		in, Puerto Rican, etc.)	or No	Black	E — Amarican Indian, K, White, etc. My: White
	T'S EDUCATION est grade completed)	16a. DECEDENT'S I	USUAL OCCUPATE	ON ast of working	16b. KIND OF BU	SINESS/INDL	JSTRY	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle,	Callege (1-4 or 6+)	life. Do NOT use	e retired.)	c Accour		ense lit Ag		tracting
17. FATHER'S NAME (First, Middle,	Last)				AME (First, Middle, Maiden			
Lynton L. So					Connely			
198. INFORMANT'S NAME (Type/PI	•				Route Number, City or Tov			
Ella R. Scate	25	20b. PLACE OF DISPOS			hevy Chase	Mary		
1 Burial 2 Cremation 3 5(S) Donation 5 Other (Spec		prop place)	Jniv Med			hingt		D.C.
21. SIGNATURE OF FUNEDAL SES		Wasii (22. NAME A	NO ADDRESS OF FA	CILITY			
1 4/11	hard Ha	ud-			uary Servi	-		
23. PART I. Enter the disease	es, or complications that co	oused the death. Do n			Ave NW Was			DC 20011 Approximete Interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	aOUE TO JOS	AS A CONSEQUENCE OF	prosi	or M.	ra fhois	7		Onset and Daati
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	۵	R AS A CONSEQUENCE OF						
PART II. Other significent c	ponditions contributing to de	4	n the underlyin	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME	DICAL	-	28. P	LACE OF DEATH (C	heck only one)		_	
EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	4	6 Other (Specify)			
27. MANNER OF DEATH	26s. DATE OF IN. (Month, Day,	JURY 28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	28d. OE\$CRIBE HOW	INJURY OCC	URED	
3 Suicide 6 Could 4 Homicide dates	d not be mined 26s. PLACE OF it building, etc	NJURY At home, farm, a			261. LOCATION (Street City or Town, State	and Number	or Rural	Route Number,
anal .	NO PHYSICIAN: To the best of my							a) and manner as stated.
200- STGNATURE AND TITLE OF	Inha	mo		29c. LICENSE NU D //C	024	Þ 9	7/5	(Mopth, Day, Year)
30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print) Com	1. hve.	Chevy	Che	2	Md.
31. DATE FILED (Month, Den, Year)	32 REGISTRARS	SIGNATURE						

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Susco ichand DAY YEAR MONTH 3 P 91 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) /2 -16-33 8. BIRTHPLACE (State or Foreign 1 M 2 - F 57 DAYS HOURS MIN. YRS NEW YORK 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7620 Maple Henve DIRECTOR akoma Montsomery RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? t YES 2 NO MD Momgumery TAKOMA bunial-transit permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 20912 10g, CITIZEN OF WHAT COUNTRY? 7620 Maple avenue MT 532 U.S.A. 11. MARITAL STATUS t2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerio Rit TYES 2 NO Specify: BY 3 Widowed 4 Divorced Spooling 4) te COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) C.I.A. FEDERAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) notified at AUSTACHIO SUSCO RAFFELA NARDO 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MARY ROSSIELLO 200 BETH-EL LOOP BROOKLYN 11239 pe 20a, METHOD OF DISPOSITION
1 Deniet 2 Cremetion 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION — City or Town, State NATIONAL CEM 22/91 CALVERTON N Y examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TAKOMA FUNERAL HOME, N.W. Washington D.C. 254 Carroll st. n by the freemoval. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximata ŏ Interval Between **IMMEDIATE CAUSE (Finel** DIRECTOR: After this certificate has been signed by the attending physician and completely fille hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the Onset and Death diseese pr condition an Ly Pamier · Cardence resuiting in death) MInytes DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other significent conditions contributing to desth but not resulting in the underlying cause given in Pert i, MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Chronic Obstructive was AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 1 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 - Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO Accident 3 Suicide 26s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 8 Could not be determined COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE FILE WITHIN 72 HO IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER Deputy medical 29 LICENSE NUMBER 8 Paul anowere in 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4203 Queenburg Nd Hyattsville MD 20781 31. DATE FILED (Month, Day, Year)
AUG 26 32. REGISTRAR'S SIGNATURE Pandall.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-18 Rev 1/89

II

1,00% 16

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	RTMENT	OF H	IEALTH DEA	AND	M
ı	1. DECEOENT'S NAME (First, Middle, Last)							T
	Felicia	М.		Smith	1			L
ı	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	1
ı	172-10-6055	1 □ M 2 [V] E	75 400	MONTHS	DAYS	HOURS	MIN.	1

	1 - STATE REGISTRAR	STATE OF M	MARYLAND C	DEPAR	RTMEN	T OF H	DEAT	AND I	MENT	AL HYGIEN					
	1. DECEOENT'S NAME (First, Middle, Last)		2. OATE OF DEATH							3. TIME OF DEATH					
	Felicia		Smith				MONTH DAY YEAR								
	4. SOCIAL SECURITY NUMBER	M.	6. AGE (In yrs. la	est birthriau)		R 1 YEAR	IF UNDER	1 14 Lime		gust 21		991	9:45 AM M		
	172-18-6055	1 🗆 M 2 💢 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	nth, Day, Year)		Countr	**		
	9e. FACILITY NAME (If not institution, give s		/3	ing.						8, 19	915	Penr	nsylvania		
or I			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH							EATH					
0	10011 Belhaven		Bethesda Montgomery								gomery				
DIRECTOR	10a. STATE 10b. COUNT														
£	Maryland Mo	100.011	10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY LIMITS?				
	Maryland Mo		Bethesda								1 YES 2 X NO				
FUNERAL				101	. ZIP COO	E			tôg. CIT	IZEN OF V	VHAT COUNTRY?				
y	10011 Belhaver				20	817			Uni	ited	States				
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT	TEVER IN U.S. AI	RMED	13.	WAS DEC	ENDENT O	F HISPAN	HIC ORIGIN? (Specify Yee or No- 14, RACE Black,			— American Indian, c, Whita, etc.			
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced			1 YES	2 KNO	n, mexica Specify	n, Pueric /:	Rican, etc.)	t, White, etc.						
													White		
	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	CEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY										
"	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	(Give kind of work done during most of work life. Do NOT use retired.)				Aniny							
AP.	12			Homemaker						Own He	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Leat)	-			18. MOTHER'S NAI				ME (First,	Middle, Maiden	Sumame)				
BE (Jerry Barbar						J	Julia	a Co	rrado					
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street e	nd Number	or Rumi F	Route Nur	nber, City or Town	State 7/c	Codel			
2	Ash C. Smith									esda, 1			20817		
	20e. METHOD OF DISPOSITION		20b. PLACE		_										
- 1	1X Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)	oval from State	cemetery, cre	ematory or o	ther place	Cor	notor	~17 Q	/2 A /	01 Cil	ZOX C	City or To	wn, State		
	Gate of Heaven Cemetery 8/24/91 Silver Spring, Maryland 1. SIGNATURE OF FUNCTION SERVICE LICENSEE M00198														
		1	MO	0198	Ro	ber	A A	Pum	ohre	y, Funer	ral H	lome/	/		
_	*Kahent &	auch	MO	0198	75	557 T	visco	nsi	evy n Av	chase, e. Beti	inc.	. MD	20814-3501		
	23. PART I. Enter the diseases, or o	complications that	caused the de	aath. Do r	not antar	tha mo	da of dyi	ng, auch	h aa cai	rdiac or reapi	ratory arr	rast.	Approximate		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											Interval Between			
1	disease or condition											Onset and Death			
1	resulting in death) a. Respiratory Arrest DUE TO (OR AS A CONSEQUENCE OF):														
-	Sequantially list conditions, If arry, leading to immediate cause. Enter UNDERLYING														
Ō I												2 years			
¥															
E	CAUSE (Disease or Injury that initiated eventa	C. DUE TO (OR AS A CONSE	QUENCE OF	٦.										
臣川	resulting in death) LAST				,.								i 1		
CERTIFICATION		d													
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WEF											WERE AUTOPSY FINDINGS			
일	PERFORMED?										AVAILABLE PRIOR TO COMPLETION OF CAUSE				
									_	1 TYES 2	Х ио		DF OEATH?		
PHYSICIAN: MEDICAL	10											t YES 2 NO			
₹∥	25. WAS CASE REFERRED TO MEDICAL					00.51									
흤 	EXAMINER? HOSPITAL: OTHER:														
<u>ĕ</u> ∥	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2			□ DOA 4 □ Nursing Home 5 🔀 Residence										
	1 X Natural 5 Pending	26a. OATE OF II (Month, Day	y, Year)	28b. TIMI	E OF URY	26c, INJU WOI	IRY AT		28d. DE	SCRIBE HOW IN	JURY OCC	URED			
à	2 Accident Investigation		М		ES 2 _	NO									
	3 Suicide 6 Could not be determined determin									or Rural Ad	oute Number,				
COMPLETED	4 Homicide determined City or Town, State)														
ᆲ	29a. CERTIFIER (Check only second control of the co														
ਨ ∥	MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner ee stated.														
	296. SIGNATURE AND TITUE OF CERTIFIE														
BE	11/2 /11/11						29c. LICE		BER		29d. DATE	SIGNEO	NEO (Month, Day, Yeer)		
2	30 NAME AND ADDRESS OF STREET	WI					D39	979			At	igust	21, 1991		
	30. NAME AND ADDRESS OF PERSON WHO	1													
	William K. Kelly		.06 Irvi	ing S	tree	t, N	.W.,	#42	1, 1	Washing	ton.	D.C	. 20010		
	31. DATE FILED (Month, Day, Year)	JE. HEMISTHAN	SSIGNATURE	-									20010		
AUG 23 '91 Gulia Davidson Mondalle											1				

70

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I	MARYLA				HEALTH AND	MENT	AL HYGIEN	E				
1. OECEDENT'S NAME (First	, Middle, Last) EANNE	гте тові	AS SA	ANZA		2. DATE OF DEATH ANOTH 194 9:20 A FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign								
4. SOCIAL SECURITY NUMBER 225-05-207		5. SEX 1 M 2 X F	6. AGE (In	AGE (In yrs. last birthday) 82 YRS. NONTHS DAYS HOURS MIN.					7. DATE OF BIRTH (Month, Day, Year) Sept. 21,1908 8. BIRTHPLAC Country) New Yo)		
9a. FACILITY NAME (# not in Hebrew Home	of Gr		100	96. CITY, TOWN OR LOCATION OF DEATH Rockville Montgomery										
Maryland	10b. COUNT	gomery			e city, to Bethe	OWN OR LOCA	ATION			10d, INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER 5225 Pooks		oad, # 62	outh								hat country?			
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo	-	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? If yea, specify Cuben, Maxican, Puerto Ric 1 YES 2 NO Specify:									
15. DEC (Specify onl) Elementary/Secondary (to 12	CEDENT'S EDU ly highest grade 0-12)	CATION completed) College (1-4 or 5	+)	(Give k	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) nief – License Bureau D.C. Government									
17. FATHER'S NAME (First, A. Abraham Tob:				16. MOTHER'S N Sadie					, Middle, Maiden					
Adrienne S.		n		190 MAILING ADDRESS (Street and Number or Rural Rouge Number 5525) Pooks Hill Road, # 13 Bethesda, MD 20814						er, City or Town, State, Zip Code) 320 South				
20a METHOD OF DISPOSIT 1 X Burlal 2 Cremetic 4 Donesion 6 Other	r (Specify)			Ob. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) ing David Memorial Garden					Fal	20c. LOCATION — City or Town, State Falls Church, Virginia				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC 1170 Rockville Pike, Rockville, MD 20852														
ahock, or h	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory srrest, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										Approximate interval Between Onset and Death			
Sequentially list condit		b		CONSEQUE										
couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events Tresulting in deeth) LAST														
		d	death hu	ut not man	ultina in t	he underbil	na ceuse alven l	n Dort I	Total lang as	ALCTOROV	1 040	MESS ALTONOM SIMPLING		
STROKE. 1 Uses 2 No Completion of Confidence of Death?									AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF OEATH (Check only one)														
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)														
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO														
3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — All home, farm, streel, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)														
one) —		ER: On the best of										and manner as stated.		
29b. SIGNATURE AND TITLE 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS O	120.		a M	m			290. LICENSE NI	166		29d. DAT	E SIGNED	(Month, Day, Year) 9/91		
30. NAME AND ADDRESS O	PERSON WI	ROSE CO	SE OF DEA	ATH (ITEM 2:	1) (Type, Pri	m	2085	77-						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a part of the Hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely flined in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)
AUG 21 '91

32. HEGISTRARIE SIGNATURE
JUNIA DAMINOSA ARABER

	9	70	
	D/	3	100
	5	10	ĕ
	5	7	2
	3	0.	=
	VE.	2	ě
	e	nat	
	를	٥	표
	를	0	Ž
	8	ia	-
	B	3	훈
	65	0	E
	æ	-	Ē
	36	운	5
	Ě	0	1
	0	6	š
	ě	è	-
	8	Ī	6
	ĕ	7	-
	60	Fe	5
	€	2	Ē
	3	골	7
	2	4	E
	Ĕ	書	40
	3	문	1
٠	F	6	2
	8	-	69
	83	9	R
	-	-	E
	新	E	ē
	3	S	-
	ert	4	0
	0	5	P
	Ë	3	\$
	1	6	ē
	#	6	E
	-	5	- 50
	0	\$	00
	5	10	5.0
	2	5	100
	0	Z	=
	₹	2	=
	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	N.T. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
	K	5	

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Las	n				2. DATE OF DEAT	1 DAY	VEAD	3. TIME OF DEATH
		Alfred	5	Smith		August 1	6, 199	YEAR	6:54 P M
	4. SOCIAL SECURITY NUMBER 060-05-8590	6. SEX 6. AG	' ' '	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You Sept. 28	r)	8. BIRTHE	PLACE (State or Foreign
	9s. FACILITY NAME (if not institution, give	OF CITY TOWN	OR LOCATION OF DE			NTY OF DE			
œ						EATH	1000		
6	Holy Cross Hospital Silver Spring Mo							tgome	ery
낊	10e. STATE 10b. COUR	пу	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
등	Maryland Mon	tgomery	Silve	r Spri	ıg				1 M YES 2 NO
ا ب	10e. STREET AND NUMBER	10e. STREET AND NUMBER					10g, CIT	IZEN OF W	HAT COUNTRY?
FUNERAL DIRECTOR	8811 Colesville		450	20910					States
ا ۾	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YE	IN U.S. ARMED	13. WAS DE	ENDENT OF HISPAN ecity Cuban, Mexica	NIC ORIGIN? (Specify	Yes or No-	14. RACE Black	— American Indian, White, etc.
B	1 Never Married 2 X Merried 3 Wildowed 4 Olvorced	9-1942 thru	DATES		2 X NO Specify		,		White
COMPLETED		16. DECEDENT'S EOUCATION (Specify only highest grade completed) (Give land of wo				16b. KIND OF	BUSINESS/INI	DUSTRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 6+)	Colomo	,		Lincon	4.0		
₹			Salesma	111		Linger			
8	17. FATHER'S NAME (First, Middle, Last)				A STATE OF THE STA	ME (First, Middle, Me	iden Surnama)		
BE	Max Smith				Yetta				
2	19a. INFORMANT'S NAME (Type/Print)		8811 Cd	DESVIL	le Road, Marylar	1 4 03 City or	Town, State, Zij	o Code)	
-	Phyllis Smith	(wife)	Silver	Spring	Marylar	id 20910			
	20a METHOD OF DISPOSITION 1 LA Buriel 2 Cremetion 3 Re	movel from State	Ob. PLACE OF DISPOSI				LOCATION -		
	4 Donation 6 Other (Specify)	A	Judean Mem	orial Garden Olney, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	NO ADDRESS OF FA	dhera Mei	morial	Char	els, Inc.
	- Jacy	m. / In	u	1170	Rockvill	e Pike,	Rockvi	lle,	MD 20852
	23. PART I. Enter the disesses, a	r complications that caus	ed the deeth. Do no	ot anter the m	ode of dylng, suc	h se cerdisc or r	espiratory sr	rest,	Approximate
								Interval Between Onset and Death	
	disease or condition						17 days		
	resulting in deeth)	DUE TO (OR A	di di					1	
z	. Chronic other orderosis. years								
2	Sequentially list conditions, If any, leading to immediate								
CERTIFICATION	cause. Enter UNDERLYING								
Ĕ	CAUSE (Disesse or injury that initiated events	DUE TO (OR A	A CONSEQUENCE OF						
토	resulting in deeth) LAST	4							
EDICAL	PART II. Other significant condition				A . A	DEI	S AN AUTOPSY RFORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
용	Complete as	lecoverebre	cular h	ears	Wock	1 D YE	8 2) NO		COMPLETION OF CAUSE OF DEATH?
WE									1 TYES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF OEATH (Ch	neck only one)			
S	EXAMINER?	HOSPITAL:		OTHER:	ne 6 🗆 Residence	6 Other (Specify			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJUR	Y 28b. TIME	OF 28c. IN	JURY AT	28d. OESCRIBE H		CURED	
	1XXNetural 5 Pending	(Month, Day, Yea	n) inju		YES 2 NO				
BY	2 Accident Investigatio	28e. PLACE OF INJI	RY — At home, farm, at			201. LOCATION (SI	reat and Numbe	v or Burni S	Inute Alumber
	4 Homicide 6 Could not i	building, etc. (S	pecify)	,,,		City or Town, S		or room re	oute Namou,
<u> </u>	29s, CERTIFIER A ST. OFFICE AND DESCRIPTION OF THE PROPERTY OF			_	-				
COMPLETED	(Check only 1 X CERTIFYING PH	YSICIAN: To the best of my kn							
ō	2 MEDICAL EXAM	NER: On the basis of examina	tion and/or investigation	, in my opinion,	death occured at the	time, data and plac	e, and due to t	he cause(s) and menner se stated.
E C	206. SIGNATURE AND TITLE OF CERTIF	TIER O		0	29c. LICENSE NUI	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
0	arthur	8.0 Du	ser,	u,D.	004	418.	► At	Jaust.	16, 1991
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type,	Print)				9-30	
	Arthur S. Bresle	er, M. D 1	.0881 Locks	wood Dr	ive, Silv	ver Sprin	ng, MD	2090	1
	31. DATE FILED (Month, Day, Year)	32 RECOSTRANTS S					3,		
	NIG 21 '91	guna varido	and a second						
	MUN C T O !								

		N.d
BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. So of Health and Mental Hygiene prior to burial, cremation, or removal.
BALTIMORE,	ours after death. Page 6 may be	I in by the funeral director, page or removal.
RECORDS, P.O. BOX 68760,	that the death certificate be executed within 24 h	een signed by the attending physician and completely filled in by the f of Health and Mental Hygiene prior to burial, cremation, or removal.
KECC	requires 1	een signe of Health

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10:27 PM **PRINCESS** 9TAR C TANNER 20 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 214-54-1460 76 3-12-15 Virginia 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION A.A. COUNTY GLEN BURNIE DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Anne Arundel Co. Severna Park 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 402 Riggs Ave. 21146 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Ricen, stc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1 VES 2 X NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Homemaker Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Raymond Cross BE Janie Hamilton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles A. Tanner 402 Riggs Ave. Severna Park, MD 21146 must be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) cometery, cremetory or other place) Metro Crematory 8/24 Catonsville, MD 21. SIGNADAME OF FURNIAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park MD 21146 medical 23. PART Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximats Interval Between IMMEDIATE CAUSE (Final Oneet and Death the disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) ho event, 355emin ated intraveserla other traumatic MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury that initiated evente resulting in daeth) LAST 10 injury. PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 - YES 2 7 NO Shows DE DEATH? 1 YES 2 NO certificate has been the State Dept. of the State Dept. of them 23 sl PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate ha within 72 hours after death with the State D ATANT: It Item 28 is marked, or Item 3 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 Depatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence & Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Litertiral 5 Pending t TYES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED a Could not be determined 4 Homicide 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, desth occurred at the time, date end place, and due to the cause(a) and menner es stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurs at the time, date end place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29L SIGNATURE AND TITLE OF CERTIFIER B 29d. DATE SIGNED (Month, Day 882 27/9) 9 30. NAME AND ADDRESS OF PERSON W DR.C.PADUSSIS, D. 7310 RITCHIE HIGHWAY/GLEN BURNIE, MD. 21061 32. REGISTRAR'S SIGNATURE 28 1991

34

DIVISION OF VITAL

X 13140, BALLIMORE, MARTLAND	be executed within 24 nours after death, Page 6 may be retained by the host	ian and completely filled in by the funeral director, page 5 should be detache or to burial, cremation, or removal.	aumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-fours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache to filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT	OF H	EALTH DEA	AND I		HYGIEN	E		/ 1 240	ı
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	ıY	YEAR	3, TIME OF DEATH	П
	SUSIE LEEK TAV								A	ug 2	1, 19	991	0.7010	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)		IF UNDER 1	YEAR DAYS	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTI	HPLACE (State or Foreign ry)	
	578-12-0944 A	1 M 2 X F	94 YRS.					12/2/1896				ľenn.		
~	9a. FACILITY NAME (If not institution, give st	,			9b. CITY, 1						9c. COU	NTY OF C	DEATH	
0	Washington Adventist Rehabilition Ctr. Takoma Park							Park			Mor	ntgor	mery	
DIRECTOR	10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY	_
듬	Md. Mont	gomery		9	Silver	St	orin	O'	91				LIMITS?	
AL.	10e. STREET AND NUMBER						ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	209 Baden St.						209	01				U.S.	. A .	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED			ENDENT	OF HISPAN	NIC ORIGIN?		or No-	14. RAC	E — American Indian, k, White, etc.	
ВУБ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	10				Specif		en, atc.,			White	
	15. DECEOENT'S EQUE	ATION .	140.00						T 401 44					
	(Specify only highest grade	completed)	(G	ive kind of Do NOT u	work done du se retired.)	ring mo	at of work	ing	16b. K	IND OF BUS	SINESS/INI	DUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,					1 .				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		В	00K I	3inder		18, MOT	THER'S NA	ME (First, Mic	ishin		ouse		
	William Ira Leek								omptor					
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a			Route Number		n, State, Zi	p Code)		
2	Elizabeth T. Hackett 7226 15th Ave., Takoma Park, Md. 20912													
- 4	TO METHOD OF PHINISTRON			OF OISPO	SITION (Nam				a rarr				own, State	
	1- Burtal 2 Commellon 3 - Rem	The Property Comments			coln (Ceme	eter	y		Brei	itwoo	od. 1	Md.	
	21. SIGNATURE OF HUMERA SERVICE LE	ENGEE	/		22. N	AME A	ND AODRI	ESS OF FA	CILITY					
	1/ Aut /-	()	Cm.								/39 E	salt:	imore Ave.,	•
	23. PART / Enter the diseases, or o	complications the	at ceueed the de	eath. Do				-	Md. 20		ratory ar	rest.	Approximate	
	shock, or heert fallura.								/	-	,	,	Interval Between	
	disease or condition								8411					
	a. OUE TO (OR AS A CONSEQUENCE OF):													
z														
흔	Sequentially list conditions, if any, leading to immediate		OR AS A CONSE		P: /)	-	フ		- 11 -	7			
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Hy	1000	es	hall	en								
트	that initiated eventa resulting in deeth) LAST	OUE TO	OR AS A CONSE	OUENGE C	OF):) 1	/	1 - 1	. On .				i	
CERTIFICATION	resulting in deeth) EAST	d. 111C	aloci		ma	71	al	12	1	1				
AL C	PART II. Other algolificant condition	a contributing to	death but not	recuiting	In the und	ierlyin	g cause	given in	Part I. 2	4a. WAS AN		24	b. WERE AUTOPSY FINDING	BS
										PERFOR	0.5		AVAILABLE PRIOR TO COMPLETION OF CAUSE	£
MEDIC													OF DEATH?	
									_					
A	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF	DEATH (C)	heck only one)					
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	DOA	OTHER		ne 5 🗆 F	Rasidenca	8 🗆 Other (Specify)		_		
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE O	F INJURY Day, Year)	28b. TII	ME OF		JURY AT		28d. DESC	RIBE HOW I	NJURY O	CURED		Т
BY F	1 Natural 5 Pending 2 Accident Investigation			00	M		YES 2	□ NO						
	3 Suicide 8 Could not be	28a. PLACE building	OF INJURY — At he i, atc. (Specify)	ome, farm,	street, fecto	ry, offic	on			TON (Street Town, State)		or or Runal	Route Number,	
ETE	4 Homicide datarmined													
IPL	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	of my knowledge, d	eath occur	red at the tir	ne, data	and plac	a, and due	e to the cause	e(a) and me	nner as st	nted.		
COMPLETED	one) 2 Π MEDICAL EXAMINE	R: On the beals of	examination and/or	investigati	lon, in my or	olnlon, d	death occ	ured at the	e time, deta a	nd place, ar	nd dua to t	the cause	(s) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIES	R 1/ 11	VP?	LA	Kel (hyp	29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)	_
00	V. 511	10 19	1107			0	0	1980	97		• (5. 2	191	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF OEATH (ITE	M 27) (7vo	e. Print)		0			^			1	

Į.



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AUG 2 3 91

7209 A

32. REGISTRAR'S SIGNATURE
Ha Saurdson-Randelle

OHMH-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

8

FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT CERTIFICATE		MENTAL HYGIEN		24010				
1. OECEDENT'S NAME (First, Middle, Catherine	TORPEY CATHE		ORPEY		2-9	1 0 9 - 0 11				
4. SOCIAL SECURITY NUMBER 220 - 54 - 098 9a. FACILITY NAME (If not institution,	5. SEX 6. AGE (In yrs. 1 M 2 X F 90 give street and number)	YRS. MONTHS	YEAR F UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) EW_YORK OF DEATH				
WASHINGTON AD	VENTIST HOSPITAL	TAK	OMA Park	MD	Mon	tgomery				
	OUNTY NCE GEORGES	10c. CITY, TOWN OF RIVER				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	STREET		101. ZIP CODE 20737			OF WHAT COUNTRY?				
10e. STREET AND NUMBER 4611 OLIVER 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S.	XNO II	MS OECENDENT OF HISPA yee, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Rican, atc.)	US.	RACE — American Indian, Black, White, etc. Specify: WHITE				
15. DECEDENT										
	UMMERLE		18. MOTHER'S N. MARGAR	AME (First, Middle, Meide		AFER				
LUDWIG 196. INFORMANT'S NAME (Type/Print) PAUL L. TORPEY	,		(Street and Number or Rural	Route Number, City or To	wn, State, Zip Co	20770				
29a. METHOO OF DISPOSITION 1-1 Burial 2 Cremation 3 C 4 Donation 5 Other (Specify	Ramoval from State 20b. PLA	CE AND DATE OF DISPO	SITION (Name	DATE 20c. L	OCATION — City					
21. SIGNATURE OF UNERAL SERVI	(Sen)	22. N RA	AME AND ADDRESS OF F	LINS FUNER	RAL HOM					
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (OR AS A CON C. DUE TO (OR AS A CON d.	Sepus SEQUENCE OF):	farlur	£ '		Onset and Death				
PART II. Other aignificent con 25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ditions contributing to death but n	ot resulting in the und	derlying cause given li		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATH (C	theck only one)						
	1 N Inpetient 2 ER/Outpetien 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Ing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED				
2 Accident investig 3 Suicide 8 Could r 4 Homicide determi	28e. PLACE OF INJURY — A building, stc. (Specify)	t home, farm, street, facto		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
and the state of t	PHYSICIAN: To the best of my knowledge									
296. SIGNATURE AND TITLE OF CE	TIFIER Murt	M.D.	29c. LICENSE NO. 242	83	▶8.	IGNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON	ON WHO COMPLETED CAUSE OF DEATH OF THE PORT OF THE POR	(ITEM 27) (Type, Print)	le Roa	& laus	1. 113	20707				
31. DATE FILED (Mohth, Day, Year)	32. REGISTRAR'S SIGNATURE	andelle								

	9	etac	
i	y th	be d	
	ed b	Pin	
	stain	Sho	
	De re	36 5	
	nay	pag:	
	9 6	ector	
	Page	dir	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detact to find within 70 hours after death with the Charles for the Handle and Mandrel Handle Ha	V. M. V. W. WINNER, W. L. C. W. W. W. W. W. W. W. W. W. W. W. W. W.
	ther o	the	oval.
	IS 3	n by	rem
Ì	100	Pa	5
	n 24	ly fil	ATHOUR
•	with	plete	CLERT
	pat	COM	9
	хесп	and	3
	pe eq	ian	3
	ate	hysic	5
	irtific	I Di	101
	th ce	endir	2
	deat	atte	1
	the	y the	1
	that	D 4	
	lires	Sign	100
	redu	Lee	4
	SW.	as D	300
	E E	ate h	230
	IAN	rtifica	2 2
	YSIC	S Ce	5
	H	it th	
	DIN	Afte	000
	EN	TOR	000
	R A	IREC	2
	AL O	A CO	7 9
	SPIT	VER.	E
	Ŷ	5	T V
	王	計	000
	2	22	3

AUG 22 91

32. REGISTRAR'S SIGNATURE

Julia Davidson

_		FOR 1 - STATE REGISTRAR	STATE OF MARY	/LAND / DEPAR CERTIF	TMENT OF H	IEALTH AND DEATH		YGIENE EG. NO.	91	24814	
	1000	1. DECEDENT'S NAME (First, Middle, Last) LEROY	CRAIG		TALLEY		2. DATE OF D	10g	YEAR	3. TIME OF DEATH	
	Ĭ	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)					91	10:56 AM	
		217-44-6577		45 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day FEB. 19	; Year)	Country		
1		ea. FACILITY NAME (If not institution, give a		13	9b. CITY, TOWN C	R LOCATION OF			UNTY OF DE	INGTON, D.C.	
	CTOR	SHADY GROVE AD	VENTIST HO	SPITAL	ROCKVII	LLE			ITGON		
- 4	L DIRECTOR	MARYLAND MON'	Y TGOMERY		y, town on locat ERMANTOW	N				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	FUNERAL	20024 FREDERICK			10f	20874	,	10g. CI	USA	HAT COUNTRY?	
	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 📉 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 XNO Spec	ANIC ORIGIN? (Sp cen, Puerto Rican, effy:	ecity Yea or No , alc.)	Black,	— American Indien, , While, atc. YITE	
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during moderation of the moderation of	DN st of working	16b. KIND	OF BUSINESS/IN		IIIE	
8	₽	12		MAINTE	NANCE MA	AN					
	- 1	17. FATHER'S NAME (First, Middle, Last)						, Meiden Surname)			
pe l	BE	WARREN TALLEY 190. INFORMANT'S NAME (Type/Print)						BURGER			
be notified	2	RUTH B. TALLEY	(MOTHER		ADDRESS (Street a					T 437D 20650	
8		20a. METHOD OF DISPOSITION		Ob. PLACE AND DATE O				20c. LOCATION -		LAND 20659	
must		1 N Burlal 2 Cremetion 3 Rem 4 Donalion 5 Other (Specify)	oval from State	MARYLAND OF	VETERANS	CEMETE		CHELTEN			
examiner	- 1	21. SIGNATUME OF FUNERAL SERVICE LIE	ENSEE					UNERAL 1	IOVE	TNG	
		tan D.	The		500 III	ITVERSTT	Y RIVD	UNEKAL I	HUME,	,MD.20901	
event, the medical		23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory srrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):									
	CEMINICATION	Sequentially list conditions,									
	8	If any, leading to immediate cause. Enter UNDERLYING		THE TOTAL OF	<i>y</i> -						
or other		CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
5	ř.	resulting in death) LAST	1								
5 I	. 18	PART II. Other algnificant condition	s contributing to deeth	but not resulting in	n the underlying	ceuse given in	Part I. 24a	WAS AN AUTOPSY	245	WERE AUTOPSY FINDINGS	
GO, OF ITEM 23 SHOWS ANY IN	MEDICAL STREET	COPD						PERFORMED?		AVAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH?	
27 E		25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (C)	hack only one)				
TO TO	8	EXAMINER?	HOSPITAL:		OTHER:			-4.1			
marked, o		27. MANNER OF DEATH 1 Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	RY AT		HOW INJURY OC	CURED		
		3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, at ecify)	reet, factory, offica		281. LOCATION City or Town	(Street and Number n, State)	or Rural Ro	ute Number,	
COMBIETED	Carre	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	DIAN: To the best of my knoon. R: On the baels of axamination	wiedge, daath occurred on and/or investigation	d at the lime, data a	and place, and due	to the cause(s) of time, data and p	end manner as atal	ted.	and manner as stated,	
TO BE CO.		29b. SIGNATURE AND TITLE OF CERTIFIER	Q Chur	to my		O.C.M.	MBER	29d. DAT		Month, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WHO		11 PENN		BALTIN	MORE, MA	ARYLAND	212	201	

DHMH-16 Rev 1/89

910/2 18

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

CLARENCE EDWARD UMSTOT

S. SEY

IF UNDER 1 YEAR IF UNDER 24 HRS.

8. AGE (In yrs. last birthday)

2. DATE OF DEATN

August 30, 1991

3. TIME OF DEATH

4:00

8. BIRTHPLACE (State or Foreign

Рм

		Pages	
		attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages nta Hygiene prior to burlal, cremation, or removal.	
46	leath certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	burial-trans	
3	ing	華	
5	tend	38	
20	P.	nse	
72	ital	10	
BALTIMORE, MARYLAND 21203-3146	he hosp	detache	
	50	2	
ARY	rained	should	
Σ	De n	S 90	
щ	nay	Ba	
5	9	ctor	
ž	age.	din	
F	death.	funeral	•
m	after	by the	
	OUIS	d in	
		filler on.	
6,	within	attending physician and completely filled in by the rtal Hygiene prior to burlal, cremation, or removal.	
4	nted	rial Co	
5	Desci	and or	
×	Pe	cian for th	
P.O. BOX 13146,	cate	e pu	
o.	ertif	ing i	
9	uth c	tend If Hy	
	9	등	

VITAL RECORDS,

OF

DR ATTENDING

HOSPITAL

that the

7. DATE OF BIRTH
(Month, Day, Year)
July 14, MONTHS DAYS HOURS W. Va. 1 X M 2 | F 1905 218-07-9665 86 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Oakland DIRECTOR Cuppett-Weeks Nursing Home Garrett RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Garrett 0akland TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 449 S. Third Street 21550 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Merried IF YES, GIVE WAR OR DATES Specify: BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Salesman Furniture 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Sumame) Edward Milton Umstot Edna Dawson notified at BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Mary Grace Umstot 449 S. Third St. Oakland, Maryland 21550 99 20a METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must 3 Removal from State Oakland Cemetery 4 Donation 5 Other (Specify) Oakland, Maryland 21. SIGNATURE OF FULL BE examiner 22. NAME AND ADDRESS OF FACILITY Kolin P.O. Box 243 M00167 Durst Funeral Home - Oakland, Md. 21550 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on such line. interval Between Onset and Death **IMMEDIATE CAUSE (Finsl** the disesse or condition RESPINATORY arrest
DUE TO (OR AS A CONSEQUÊNCE OF): resulting in death) event. PNEUMONIA CERTIFICATION Sequantielly list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING EMENTIA CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury. signed by the ar PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: certificate has be the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending 1 YES 2 NO BY Investigation After death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) DIRECTOR: Aff hours after de-Item 28 is n 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL D TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. TURE AND THE OF CENTINER 29b. SIGN 29c. LICENSE NUMBER BE 230035 CMS 170 2 30, NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD 30 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, 3 1991 Irelia Davidson - Randale SFP

7		1
(A STATE	9)
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 1.3	or remova. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and self-authority of the page 1 to the page 3 should be detached for use as the burial-transit permit. Pages 1, and the within 72 hours after death with the State Bear of Manual Husings over the burial proposals.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) DOTO LLL M	HE VAU	GHT			2. DATE OF DEATN		YEAR 3. T	IME OF DEATH A
		□ M 2 🔀 F 7	in yrs. last birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 24, 1		8. BIRTNPLAC Country) New Y	E (State or Foreign Ork
TOR	HAT FOR MCMUTO HESIDENCE OF DECEDENT	a Hospix	al		de Grace			of DEATH Harfor	d
DIRECTOR	100. STATE 10b. COUNTY Maryland Hari	rford 16c. CITY, TOWN			TION				INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZI	EN OF WHAT	COUNTRY?
NE.	210 East Bel Air				21001			S.A.	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 2NO	If yes, sp	ENDENT OF NISPAN ecify Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yon, Puarto Rican, atc.)	ea or No— 1	14. RACE — A Black, Whi Specify: White	merican Indian, ta, etc.
9	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	18a. DECEDENT'S U	ISUAL OCCUPATION	ON and anothing	16b. KIND OF BU	JSINESS/INDU		
COMPLET	Elementary/Secondary (0-12)	ork done during mo retired.)	st of working	In ho	me				
	17. FATNER'S NAME (First, Middle, Last)	1- 0				ME (First, Middle, Maide	Surname)		
BE	George Steven Gr 19a. INFORMANT'S NAME (Type/Print)	oak, Sr.				1 Layton			
2	Brenda Rice					noute Number, City or To			5
	20s. METNOD OF DISPOSITION	20b.	PLACE AND DATE OF	F DISPOSITION /Na	me of	DATE 20c. L			
	1 X Buriat 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	Be	I Air Me	morial (Gardens	9/6 Bel			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Ila al	ahoo	Tarr	ing-Cargo		Home,	P.A.	
z	23. PART I. Enter the disease, or conshock, or heart failure. Lis iMMEDIATE CAUSE (Finei disease or condition resulting in death)	t only one cause on ea	cn line.					1	Approximata Interval Between Onset and Death
CERTIFICATION	disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that Initiated evente reaulting in death) LAST DUE TO (OR AS A/CONSEQUENCE/OF): DUE TO (OR AS A/CONSEQUENCE/OF):								
	PART II. Other significent conditions of	ontributing to death bu	t not reculting in	the underlying	causa given in i	Part I. 24s. WAS AN	AUTOPSY	24b. WERE	AUTOPSY FINDINGS
MEDICAL						PERFO		OF DE	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATN (Che	ck ontrone)			
		OSBITAL:		OTHER:	5 🗆 Rasidence		· · · · · ·		
BT PHTSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJ	JRY AT	28d. DESCRIBE NOW	INJURY OCCU	RED	
	3 Suicida 6 Could not be detarmined	26a. PLACE OF INJURY - building, atc. (Specif	– At home, farm, str y)	eet, factory, office		281. LOCATION (Street City or Town, State,	and Number or	Rural Route N	lumber,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL CAMBINER: C	N: To the best of my knowle	dge, death occurred and/or investigation,	at the time, data In my opinion, de	and place, and due to	to the cause(a) and ma	nner as stated	cause(a) and r	nanner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	wolous	es m		29c. LICENSE NUM			BIGNED (Month	
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	IN (ITEM 27) (Type, PI		NMA	10 57. 8	EVAI	R, MID	21014
	SEP 03 '91	32. REGISTRAR'S SIGNAT	r-Pandell					/	040//
		L .							DHMN-16 Rev 1/89

AT IN IN IN

Regard actions the mile

-

5 14 11

STATE	0F	MARYLAND	/ D	EPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			ER	TIFICATE	0	F DEAT	ГН		REG. NO.

		CERTIF	ICATE C	OF DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last	" PHILIP	G. VINC	ENT		2. DATE MONTI	OF OEATH DAY	199	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 577 18 1030	1,X M 2 - F	AGE (In yrs. lest birthday) 72 YRS.	IF UNDER 1 YE			OF BIRTH		BIRTHPLACE (State or Foreign Country) WashingtonD		
	pshire Av	enue	96. CITY, TO	wn or location of d LVer Spri	ing		Mon'	of DEATH tgomery		
residence of decedent 10a. STATE 10b. COUNTY 1aryland Mon	tgomery	10c. CIT	y Jown on L Liver	Spring				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10. STREET AND MIMBER	pshire Av	enue		101. ZIP CODE 20903			10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olivorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If ye	DECENDENT OF HISPA a, specify Cuban, Maxic YES 2 NO Speci	an, Puarto		or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. OECEDENT'S (Give kind of a life. Do NOT us Stock	work done during se retired.)	PATION og most of working ol Manage		merica		strument Co		
17. FATHER'S NAME (First, Middle, Last) Benjamin B. V	incent			18. MOTHER'S N. ROSÍI		Middle, Melden S HUCK	urname)			
19a. INFORMANT'S NAME (Type/Print) Dorothy V. Vin	cent	19b. MAILING 1011	ADDRESS (SE	Hampshi:	re A	venue	State, Zip Coo Silv	er Spring I		
20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from State	20b. PLACE AND DATE of cometary, crematery Gate of			ету	8 24/		or Town, State lver Spring		
21. SIGNATURE OF FUNERAL SERVICE	Clark		T.	AKOMA FU. 54 Carro	NERA	L HOM	E, IN	C shington D		
immediate cause (Final disease or condition resulting in death)	e. List only one couse		not enter the	mods of dying, su	ch ss can	diac or respire	ntory srrest	Approximate Interval Between Onset and Dest		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. METAS DUE TO (OF	on each line.	not enter the		ch ss can	diac or respire	ntory srrest	Approximate Interval Between Onset and Dest		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s. METAS DUE TO (OF DUE TO (OF DUE TO (OF	ON SECUENCE OF AS A CONSEQ	NOTE OF THE STREET OF THE STRE	mods of dying, such	Ch	diac or respire	UTOPSY AEO?	Approximate Interval Betwee Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	s. MCTAS DUE TO (OF DUE TO (OF C. DUE TO (OF d. HOSPITAL:	on each line. THIC HA R AS A CONSEQUENCE OF A	OTHER:	T NECK	Part I.	24e. WAS AN A PERFORM 1 YES 2	UTOPSY AEO?	Approximate Interval Between Onset and Dast DERMOID - 4 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. List only one couse a. Manager DUE TO (OF DUE TO (OF DUE TO (OF d. HOSPITAL: 1 Inpatient 2 E 28s. DATE OF IN.	on each lina. R AS A CONSEQUENCE OF AS A CONS	OTHER:	Tyling cause given in the second of the seco	Part I.	24e. WAS AN A PERFORM 1 YES 2	UITOPSY NO	Approximate interval Between Onset and Destino O		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and investigations are conditionally as a sequence of the cause of the	B. List only one couse S. MCTGS DUE TO (OF DUE TO (OF C. DUE TO (OF d. LIONS CONTRIBUTING TO de HOSPITAL: 1 Inpatient 2 E 28e. DATE OF IN. (Month, Day, 28e. PLACE OF III	on each lina. R AS A CONSEQUENCE OF AS A CONS	OTHER: 4 Nursing ME OF JURY M 1	Thyling cause given in the state of the stat	Part I.	24e. WAS AN A PERFORM 1 YES 2	UTOPSY NEO? JURY OCCUR	Approximate interval Between Onset and Dest DERNOLD - 4 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	B. List only one couse a. MCT 43 DUE TO (OF b. DUE TO (OF c. DUE TO (OF d. Ions contributing to de HOSPITAL: 1 Inpatient 2 E 28a. DATE OF III. (Montributing, etc.)	on each lina. R AS A CONSEQUENCE OF AS A CONS	OTHER: 4 Nursing ME OF Street, factory,	The mode of dying, such a mode of dying, such a mode of dying, such a mode of the mode of	n Part I.	24a, WAS AN A PERFORM 1 YES 2	JUTOPSY MEO? JURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the cause of the cause of the cause. Examiner? 1	B. List only one couse S. MOTAS DUE TO (OF B. DUE TO (OF C. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF DUE T	on each lina. R AS A CONSEQUENCE OF AS A CONS	OTHER: 4 Nursing ME OF Street, factory,	riying cause given is 28. PLACE OF DEATH (C) Home 8 Residence c. INJURY AT WORK? 1 YES 2 NO office	n Part I.	24e. WAS AN A PERFORM 1 YES 2 ATION (Street a or Town, State)	UTOPSY AEC? NO JURY OCCUR To Number or as stated. I dua to the c	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. List only one couse a. Manager DUE TO (OF DUE TO (OF DUE TO (OF C. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF DUE TO	on each lina. R AS A CONSEQUENCE OF AS A CONS	OTHER: 4 Nursing ME OF 28 JURY M 1 street, fectory,	riying cause given is 28. PLACE OF DEATH (C) Home 8 Residence c. INJURY AT WORK? 1 YES 2 NO office date and place, and du lon, death occured at the	n Part I. theck only o 8 Oth 28d. DE 28f. LO(City) as to line case time, dat	24a, WAS AN A PERFORM 1 YES 2 ATION (Street at or Town, State) ATION (Street at or Town, State)	JURY OCCUR Our as stated. due to the c	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the cause of the cause of the cause. Examiner? 1	B. List only one couse a. Manager DUE TO (OF DUE TO (OF DUE TO (OF C. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF DUE TO	on each lina. THE C HA R AS A CONSEQUENCE OF RAS A CONSEQUENCE OF DEATH (TEM 27) (Typ) HINDER CONSEQUENCE OF DEATH (TEM 27) (Typ) HINDER CONSEQUENCE OF DEATH (TEM 27) (Typ) HINDER CONSEQUENCE OF DEATH (TEM 27) (Typ) HINDER CONSEQUENCE OF DEATH (TEM 27) (Typ) HINDER CONSEQUENCE OF DEATH (TEM 27) (Typ) HINDER CONSEQUENCE OF DEATH (TEM 27) (Typ)	OTHER: 4 Nursing ME OF 28 JURY M 1 street, fectory,	riying cause given is 28. PLACE OF DEATH (C) Home 8 Residence c. INJURY AT WORK? 1 YES 2 NO office	n Part I. theck only o 8 Oth 28d. DE 28f. LO(City) as to line case time, dat	24a, WAS AN A PERFORM 1 YES 2 ATION (Street at or Town, State) ATION (Street at or Town, State)	JURY OCCUR Our as stated. due to the c	24b. WERE AUTOPSY FINDING AMALBUE PROR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	02 0	С		ICATE OF		R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Gente	ZINE	W	16600	J	2. DATE OF I			AR	TIME OF DEATH 7:04 4. M
	4. SOCIAL SECURITY NUMBER 217-28-5820	5. SEX	8. AGE (In yrs. le	st birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, De 3-4-23	HRTH y, Ybar)	8. E	SIRTHPLA Country)	NCE (State or Foreign
TOR	9a. FACILITY NAME (# not institution, give s Frederick Memori RESIDENCE OF DECEDENT		tal		96. CITY, TOWN	or location of o	EATH		sc. county Frede		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Frede	1			ry, town on Loc ederick	ATION					d. INSIDE CITY LIMITS?
ERAL	100. STREET AND NUMBER 4533 Mountville	Road			1	01. ZIP CODE 21701			10g. CITIZEN United		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. A YES 2 AR OR DATES	RMED NO	If yes,	CENDENT OF HISPAI apocify Cuban, Maxica S 2 NO Specifi	in, Puerto Ricar		or No — 14.	American Indian, India, atc. Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5-) (G	Sive kind of a. Do NOT u	Work done during rate retired.)	nost of working			INESS/INDUST	7.000	
MPL	5 years 17. FATHER'S NAME (First, Middle, Last)		do	mest:	ic worke				eping		
00	Rev. Edgar E. We	edon				Helen A			surname)		
TO BE	19a, INFORMANT'S NAME (Type/Print)		11	96. MAILIN	G ADDRESS (Stree	and Number or Rural			, State, Zip Cod	(a)	
F	Barbara Henderso	n				lle Road				170	1
	20a_METHOD OF DISPOSITION 1 DE Burlet 2 Cremetion 3 Ram 4 Donetion 5 Other (Specify)		of cemetar	y, cremator	re of disposition of the place of the control of th	ry	8/29		derick		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE L X	emm	er	Sta	and address of Full uffer Full . Box 18	reral t	lome leric	.k. MD	217	701
NO	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	a. Due to	OR AS A CONSI	EQUENCE (Delys	Louis	ch as cardiac	or respir	atory srrest,		Approximate interval Between Onset and Death
CERTIFICATION	if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a m	(OR AS A CONSE	- 6	OF): Pyrining	Lo.	n Fa	u			
MEDICAL	PART II. Other algnificant condition	na contributing to	death but not	resulting	in the underly	ing ceuse given in		PERFOR	MED?	OF	REFE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C)	heck only one)				
YSIC	1 YES 2 NO	HOSPITAL:	-	_		ome 6 🗆 Residence	6 Other (Sp	oecffy)			
BY	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE C	3 - 91	bome, farm,	IJURY 1	NJURY AT WORK? YES 2 NO	261. LOCATIO	pon		na g	otsteps Frederick
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE			feath occur	rred at the time, de	ite and place, and du				ouse(a) or	nd manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE	S. M	molo			29c. LICENSE NU	MBER 8/9/		29d. DATE SI	GNED (M	Sonth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	MANGED CAU	SE OF OEATH (IT	EM 27) (Typ	oa, Print)	DI.	Freen	Je, A	up i	2/20	s 2
	31. DATE FILEO (MONTH, Day, Year) AUG 26 19	91 Julia	AR'S SIGNATURE		-						

OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

with

IMPORTANT: it hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

8-2391

s son

E01915 19

1 - STATE REGISTRAR		STATE UF N	IARYLAND	/ DEPAR	ICAT	T OF H	DEATH	AND	MENTA		E		
1. DECEDENT'S NAME (First	, Middle, Lest)				IOAII		DEA	-	2. DAT	REG. NO			3. TIME OF DEATH
Robert				Warr	ick				MON		1	YEAR	The state of the s
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.		IF UNDE	R 1 YEAR	# UNDER	R 24 HRS.	7. DAT	E OF BIRTH		991	HPLACE (State or Foreign
236-13-1218		1 2 M 2 🗆 F	28	YRS.	MONTHS	DAYS	HOURS	MIN.		27763		Count	HPLACE (State or Foreign ry) Md
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF D			9c. COU	NTY OF O	
Memorial	Hosp	ital			Cin	mbei	clan	Б			ו ו ג	egh	2011
RESIDENCE OF DEC	10b. COUNTY	,		140-017	Y, TOWN						IALI	egn	
WV		ineral			k Gai		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER						101	ZIP CODI	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
							2671	.7					.A.
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	2 NO If yes, specify Cuban, Mexican, Puerto Rican,					IN? (Specify Yea Rican, etc.)	or No—	E—American Indien, k, white, atc.		
15. DEC (Specify only	EDENT'S EDUC	CATION completed)	18a, E	Give kind of	USUAL O	CCUPATIO	ON and complete		16	b. KIND OF BUS	INESS/INE	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5+		ile. Do NOT us	se retired.)	during mos	St OF WORKE	rg					
12				Labor	cer				M	oving (Compa	any	
17. FATHER'S NAME (First, MI							18. MOTE	HER'S NA	ME (First,	Middle, Malden	Sumame)		
Robert L. Wa							Ja	anic	e	Rohrb	augh		
19a. INFORMANT'S NAME (7)							nd Number	or Rural	Route Nun	nber, City or Town	, State, Zip	Code)	
D.A. Burdoc				Bx. 5	23 K	itzm	ille	r, N	1d. 2	21538			
20a. METHOD OF DISPOSITI 1	n 3 🗆 Remo	oval from State	20b. PLACI	E AND DATE (OF DISPOS	ITION/Na	me of		DA		CATION		
4 Donation 5 Other				ken H	ill.	8/1	5/91			Elk	Gar	den,	WV
21. SIGNATURE OF FUNERAL		ensee					d addres ck F			zmille	r, M	d. 2	1538
23. PART I Entar the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	si	omplications that Liet only one cause . MULT	e on each lin	18.			de of dyl	ng, suc	h es car	diac or respi	ratory arr	rest,	Approximata Interval Batween Onset and Death
Sequentially liet condition if any, leading to immediates. Enter UNDERLY!! CAUSE (Disease or Injurthet initiated events resulting in death) LAST	liate NG ry		OR AS A CONSI										
PART II. Other significes	nt conditions	contributing to	death but not	rasulting i	n the un	derlylng	cause g	lven In	Pert I.	24a. WAS AN PERFORE	WED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL												
EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	ck only o	ne)			
27. MANNER OF DEATH		1 Inpetient 2 💢		_			5 🗆 Res	sidence	-				
	Pending	(Month, Day	(Year)	28b, TIMI INJ	URY	28c. INJU WOR	HC?		· · ·	scribe How in 1pant			r vehicle
	nvestigation	08 11	1991		30P	1 [Y]	ES 2 .	X _{NO}	Acc	ldent			
	could not be etermined	building, e	INJURY — At h tc. (Specify)	ome, tarm, a	treet, Incto	ory, office			28t. LOC	CATION (Street as or Town, State)			
29a, CERTIFIER			treet						Rte.	42 (S			e ^W 46 ^{Va} .
(Check only	FYING PHYSIC	IAN: To the best of n	y knowledge, d	eath occurre	d at the ti	me, data a	ind place,	and dua	to the car	use(a) and mani	ner aa atat	ed.	
		: On the basis of axa	minetion and/or	Investigation	n, in my o	pinion, de	ath occure	ed at the	time, data	and place, and	due to th	a cause(a)	end manner as stated.
290. SIGNATURE AND TITLE	F CERTIFIE	Jall.	1	1			29c. LICE	NSE NUM			•		(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)			1 C	M F		0.1	31	3 1991
MARIO + C	30L(A	JR.	MD	11 Pe		Str	eet	Ba	alti	more	Mary	vlan	d 21201
31. DATE FILED (Mohin, Day, N	1 1991	Julia Das	ridour 18	ndage.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

ROS 1 S

5	0	•
2	2	8
-	70	-
8	3	-
<u>- ja</u>	4	-
go.	10	9
9	d)	
0	8	2
8	ä	Ξ
E	Z.	9
9	g	Ē
90	9	-
Ta.	-0	- 6
-	50	- 5
- 50	2	- 5
8	2	- 2
_	B 18	
2	# 8	6
40	BE	100
55	E 2	-
ō	00	. 6
	e	
1	50	4
드	and and	-
吾	tel en	2
*	00	- 8
0	8 -	- 6
5	0.6	
38	22	8
ă	20	È
2	- a	3
40	3.8	1
35	20	
2	전원	- 9
E	9.2	-
25	흥조	
45	富士	d
62	등	3
C	0 0	5
2	25	7
444	33	-
10	1 B	- 2
8.0	神兵	-
فق	G 69	2
E	SI	2
ě	90	4
*	2 -	-
6	SE	6
92	20	
F	5 5	- 5
3	See	2
₹	# e	2
0	è 5	1
82	S 5	3
놋	# X	3
4.00	- 5	6
2	tea te	
0	A D	
W	8 8	-
E	D de	90
×	S E	
8	E 2	
-	0 2	2
M	3R	2
d	EH	1
82	2 5	a
포	3 4	1
ш	WO	b
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zonours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be do filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	MADONTRAT. History 29 is modered or Heart 23 shows any Injury or other fraumable event the medical eventuals must be notified so e
0	0 0	5
E	F 5	-

1. DECEDENT'S NAME (Firs	V 8	Mi	ldred		Wotr	ri ne	r		2. DAT MON AU		PAY 10	O TEAR	3. TIME OF C	R
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		1	R 24 HRS.	7 DATE	OF BIRTH	, -,	6. BIRT	THPLACE (State of	or Foreign
233-52-8	517	1 M 2 XF	89	YRS.	MONTHS	DAYS	HOURS	MIN.	Jun	e 27	1902	Cour	urora	. W
9a, FACILITY NAME (If not	institution, give a	treet and number)			9b. CITY,	TOWN C	R LOCAT	TION OF D				INTY OF		-
Garrett		ty Memo	rial F	Hospi	tal		Oal	klan	d,	Md.		Gar	rett	
Oa. STATE	10b. COUNT			10c. CIT	Y, TOWN O	A LOCAT	ION						10d. INSIDE	CITY
WV.		ucker			Thom	as,							1 TYES 2	
04. STREET AND NUMBER					101. ZIP CODE 109. CITIZEN OF WHAT		WHAT COUNTR	٧?						
	0×98						262	_			USA 2 (Specify Years No.) 14 BACE			
1. MARITAL STATUS	Married		YES 2	ARMED	H	yes, sp	ecify Cub	an, Mexico	en, Puerto				CE — American ck, White, etc.	Indian,
Widowed 4 Div		IF YES, GIVE	MAR OR DATES		_ 1	YES	2 📉 NO	Specif	fy:		Specify: Whi			
	CEDENT'S EDU		16a.	DECEDENT'S	USUAL OC	CUPATIO	ON		16	b. KIND OF B	USINESS/IN		17.06	
(Specify of Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u		turing mo	st of work	ang						
12				Home	emak	er					Home	е		
7. FATHER'S NAME (First,	Middle, Last)									Middle, Malde				
Amos		•	Stemp.		1177.4			illi		-		otring		
DO THE DO										mber, City or To		-/-		
Betty Bai				-	B N.				eal				e, Az.	
BA METHAN OF DISPOSE	TION					me of cer	meters co	n vooleme		20c. 1	OCATION	City or	Town, State	
Buriet 2 - Cremet	ion 3 🗆 Rem	ioval from State	200. PLAC	place)										
☐ Donation 5 ☐ Othe	er (Specify)		206. PLAC other	nlenel	ora,	Ce	met	ery	LOIL ITY		Auro			
☐ Donation 5 ☐ Other	er (Specify)		206. PLAC other	nlenel	ora,	Ce.	met kle	ery Fur		al Ho	Auron	ra,	WV.	
Donation 5 Other Signature of Funer 23-PART I. Enter the	AL SERVICE LI	R.J	at caused the	Aur (ora,	Ce.	met kle 18	ery Ess of F	Day	al Horis,	Auron ne	ra,	6260	ximate
Donation 5 Others. Donation 5 Others. Signature of Funer. Enter the above, or IMMEDIATE CAUSE (Figure 1) Others.	ar (Specify) AL SERVICE LIGHT diseases, or heart fellure.	complications the Liet only one ca	at caused the	denth. Do	ora,	Ce	met kle 18	ery Ess of F	Day	al Horis,	Auron ne	ra,	WV a	I Betwe
23 PART I. Enter the shock, or immediates or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL'	diseases, or heart fellure.	complications the Liet only one ca	at caused the use on each li	denth Do	not enter	Ce	met kle 18	ery Ess of F	Day	al Horis,	Auron ne	ra,	WV a	I Betw
23. PART i. Enter the shock, or immediate or condition resulting in death) Sequentially list cond if any, leading to immediate. Enter UNDERLY CAUSE (Disease or In that initiated events	AL SERVICE LIGHT AND ADDRESS OF THE	complications the Liet only one can be DUE TO c.	at caused the use on each II	death. Do ne. SEQUENCE O	ora, 22. t	Ce	met kle 18	ery Ess of F	Day	al Horis,	Auron ne	ra,	WV a	I Betwe
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL'	disesses, or heart fellure. inel	complications the Liet only one case. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C.	other at cause the use on each II	death. Do one.	ora, 22. t	Ce.	met do ADOR kle 18 de of d	ery Ess of F/ Fur 6	Day	al Hol ris, V	Auron	ra,	WV a 6260 Approintervi Onset 5	al Betweend De
23. PART I. Enter the 23. PART I. Enter the 23. PART I. Enter the 23. PART I. Enter the 24. PART I. Enter the 25. PART I. Enter the	disesses, or heart fellure. inel	complications the Liet only one case. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C.	at caused the use on each il	death. Do one.	ora, 22. t	Ce.	met do ADOR kle 18 de of d	ery Ess of F/ Fur 6	Day	al Hol ris, V	Auron N plratory an Autopsy PMED?	ra,	MV a Approvinterv	and De W Sy Finoir
Donation 5 Others. 33 PART I. Enter the example of Europe 23 PART I. Enter the example of Europe 23 PART I. Enter the example of Europe 24 PART I. Enter the example of Europe 24 PART I. Enter the example of Europe 24 PART I. Enter the Europe 24 PART I. Enter the Europe 25 PART I.	disesses, or heart fellure. inel	complications the Liet only one case. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C.	other at cause the use on each II	death. Do one.	ora, 22. t	Ce.	met do ADOR kle 18 de of d	ery Ess of F/ Fur 6	Day	al Hol ris, V rdlec or ree	Auron N plratory an Autopsy PMED?	ra,	6260 Appro- Intervious onset 5	and De W Sy Finoir
Donation 5 Others. 33 PART I. Enter the example of Europe 23 PART I. Enter the example of Europe 23 PART I. Enter the example of Europe 24 PART I. Enter the example of Europe 24 PART I. Enter the example of Europe 24 PART I. Enter the Europe 24 PART I. Enter the Europe 25 PART I.	disesses, or heart fellure. inel	complications the Liet only one case. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C.	other at cause the use on each II	death. Do one.	ora, 22. t	Ce.	met do ADOR kle 18 de of d	ery Ess of F/ Fur 6	Day	al Hol ris, V rdlec or ree	Auron N plratory an Autopsy PMED?	ra,	Approintervious of State of St	BY FINOIN TO DE CAUS
Donation 5 Other Signature of Funer 23 PART I. Enter the 23 PART I. Enter the 23 PART I. Enter the 24 PART II. Enter the 25 PART II. Enter the 26 PART II. Enter the 26 PART II. Enter the 27 PART II. Other significant in the 27 PART I	disesses, or heart fellure. inel	complications the Liet only one case. DUE TO c. DUE TO d. DUE TO d. DUE TO d.	other at cause the use on each II	death. Do one.	not enter PF): in the unit	Ce. Name And Hinn Box the mo derlying	met kle 18 de of d	ery Ess of F/ Fur 6	Day	24a. WAS	Auron N plratory an Autopsy PMED?	ra,	Approintervious of State of St	SY FINOIN NOT TO DE CAUS
Donation 5 Other SIGNATURE OF FUNER 23 PART I. Enter the shock, or shock, or many condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other signification in death LA PART II. Other signi	disesses, or heart fellure. inel	complications the Liet only one cost. DUE TO DUE TO d. DUE TO DUE DUE TO DUE TO DUE TO DUE	other at cause the use on each II	death. Do ne. SEOUENCE O	OTA, 22. t not enter OF): In the unit of the unit	Ce. NAME AND HILL IN THE MENT OF THE MENT	met No abon Kle 18 de of d	ery Ess of F/ Hur bying, auc	Day	24a. WAS	Auron N plratory an Autopsy PMED?	ra,	Approintervious of State of St	SY FINOIN NOT TO DE CAUS
Donation 5 Others. SIGNATURE OF FUNER 23 PART I. Enter the shock, or shock, or shock, or selection of the shock or selection of the shock or selection of the shock or selection of the shock of the s	disesses, or heart fellure, linel	DUE TO DUE TO	other use on each il why Ho (OR AS A CONS	death. Do death. Do ne. SEOUENCE O SEOUENCE O SEOUENCE O 3 □ DOA 29b. TIM	ora, 22. t not enter OF): In the un OTHER 4 □ Num	Ce. NAME ART HILL IN MANUEL ART	met No apon Kle 18 de of d // Laj g couse ACE OF	ery Ess of F/ Hur bying, auc given in	Day	24a. WAS / PERF	Auror	20 meet,	Approintervious of State of St	SY FINOIN NOT TO DE CAUS
23_PART I. Enter the shock or	disesses, or heart fellure. inel	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A DUE	other other use on each il why he constituted the use on each il why he constituted the consti	death. Do ne. SEOUENCE O SEOUENCE O SEOUENCE O Traculting 2 DOA 28b. Till	OTA, 22. t not enter DF): in the uni OTHER 4 Num ME OF JURY M	Ce. NAME AND THE MENT OF THE M	met No abore 18 de of d // / // / // / // / // / // / // /	ery Ess of F/ Hur bying, auc given in	Day Pert I.	24a. WAS A PERFIT OF (Specify)	AUTOTOPSYPHIED?	ra,	MV a Approintervi Onset S Ab. WERE AUTOP AMILABLE PR COMPLETION OF ORATIV? 1 YES 2	Between De Wy
Donation 5 Other SIGNATURE OF FUNER 23 PART I. Enter the enter t	diseases, or heart fellure. inel	DUE TO B. DUE TO B. DUE TO C. DUE TO d	other at caused the use on each li O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do ne. SEOUENCE O SEOUENCE O SEOUENCE O Traculting 2 DOA 28b. Till	OTA, 22. t not enter DF): in the uni OTHER 4 Num ME OF JURY M	Ce. NAME AND THE MENT OF THE M	met No abore 18 de of d // / // / // / // / // / // / // /	ery Ess of F/ Hur bying, auc given in	Day ch ea ce	24a. WAS A PERFIT OF (Specify)	AUTOTOPS AND AUTOPS AN	ra,	Approintervious of State of St	BY FINOIN TO DE CAUS
Donation 5 Others. SIGNATURE OF FUNER 23CPART I. Enter the shock, or shock	AL SERVICE LIE disesses, or heart fellure. inel litions, ediate YING jury ST Dent condition Cent condition Cent condition Cent condition RTIFYING PHYS	DUE TO B. DUE TO B. DUE TO C. DUE TO d	other use on each il why had conso of the co	death. Do ne. SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O T resulting t rasulting death occur	OTHER 4 Nurset, factored at the tit	Ce. New Annual Manual M	met No aport Kle 18 de of d (14) Course ACE OF USRY AT USRY YES 2	ery Ess of F/ Hur Sying, auc given in OEATH (C) Recidence	Day ch ea ce property peck only 28d, D 28f, LC Ch	24a. WAS / PERF 1 YES 24a. WAS / PERF 1 YES 24a. VAS / PERF 1 YES 25a. VAS / PERF 1 YES	N AUTOPSY PRINCES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20 rreat,	Sb. WERE AUTOPANALABLE PROMPLETION OF OGATH? 1 YES 2	and De William Sy Finoin To Cause Sy Finoin To Or Cause Sy No
23C-PART I. Enter the shock, or IMMEDIATE CAUSE (Fideses or condition resulting in death) Sequentially list cond if sny, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the country of the	diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel	DUE TO B. DUE TO B. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO	other use on each il why had conso of the co	death. Do ne. SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O T resulting t rasulting death occur	OTHER 4 Nurset, factored at the tit	Ce. New Annual Manual M	met ND ADOR 18 de of d (14) Care of the 5 1 HACE OF INNEY AT THE THE THE THE THE THE THE THE THE TH	ery Ess of F/ Hur Sying, auc given in OEATH (C) Recidence	Day ch ea ce Pert I. Pert I. 28d. D 28f. LC Ch a to the ce time, de	24a. WAS / PERF 1 YES 24a. WAS / PERF 1 YES 24a. VAS / PERF 1 YES 25a. VAS / PERF 1 YES	AUTOTAL NAUTOPSY PRINCE PORT OF AUTOPSY PRINC	20 reat,	WV a 5260 Approintervi Onset S WERE AUTOP AVAILABLE PR COMPLETION OF OEATH? 1 YES 2	al Between De Maria Between De Maria Between De Maria Between De Maria Between De Causan No
23_PART i. Enter the shock, or immediate cause (red) is shock, or immediate cause (red) is shock, or immediate in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other signification in death LA PART II. Other signification in death LA PART II. Other signification in the condition in death LA PART II. Other signification in the condition in the	diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel diseases, or heart fellure. inel	DUE TO B. DUE TO B. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO	other use on each il why had conso of the co	death. Do ne. SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O T resulting t rasulting death occur	OTHER 4 Nurset, factored at the tit	Ce. New Annual Manual M	met ND ADOR 18 de of d (14) Care of the 5 1 HACE OF INNEY AT THE THE THE THE THE THE THE THE THE TH	ESS OF FA	Day ch ea ce Pert I. Pert I. 28d. D 28f. LC Ch a to the ce time, de	24a. WAS / PERF 1 YES 24a. WAS / PERF 1 YES 24a. VAS / PERF 1 YES 25a. VAS / PERF 1 YES	AUTOTAL NAUTOPSY PRINCE PORT OF AUTOPSY PRINC	20 reat,	Sb. WERE AUTOPANALABLE PROMPLETION OF OGATH? 1 YES 2	al Between De Maria Between De Maria Between De Maria Between De Maria Between De Causan No

The second of th

product the compact the family and the product of t

Limitality (Continue)

THE RESERVE SERVERS

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable filled within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumadic event, the medical examiner must be notified at once.
--

	FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF I		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF CEATH		3. TIME OF DEATH
	Harold	Ellswort	: h	WHITE		August 2	1. 1991	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign
0,0	215-26-6260	1 M 2 D F	74 YRS.	MONTHS DAYS	HOURS MIN.		0.4-	Marvland
1	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF E	DEATH	9c. COUNTY (OF DEATH
9	Rt. 2 Box 84			0ak	land		Gar	rett
8	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	TY	10c, CF	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
DIBE	Maryland	Garrett		Oaklan				LIMITS?
	10e. STREET AND NUMBER	darreer			. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?
FUNERAL	Rt. 2 Box 84				21550		USA	
S	11. MARITAL STATUS	12. WAS DECEDENT EV			ENDENT OF HISPA	INIC ORIGIN? (Specify Yes	s or No 14 5	BACE — American Indian
	1 Never Merried 2 Merried	FORCES? 1 1			ecify Cuben, Mexic 2 NO Spec	en, Puerto Rican, etc.)		Bleck, White, etc.
BY	3 Widowed 4 Divorced				W.			White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	work done during me	ON ost of working	16b. KIND OF BU	SINESS/INOUSTF	RY
Ë	Elementery/Secondary (0-12)	College (1-4 or 5+)	School Bu	work done during muse retired.)				
MP	12th		Driver	/ Salest			loyed/ Au	ito
	17. FATHER'S NAME (First, Middle, Lest)	:				AME (First, Middle, Meiden	Sumame)	
BE	Leroy Frankl	in WHITE			Minni			EE
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Grace J. White					d, Marylan		
	20e. METHOD OF OISPOSITION 1 X Burlel 2 Cremetton 3 Rec	movel from State	20b. PLACE OF DISPO			20c. LC	CATION — City of	or Town, State
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Eglo	n Cemete	NO ADDRESS OF F		glon	West Virginia
	Y. JA.	11/	/			ral Home		
	tranklen	N. Cust	21			ond Street	Oakla	nd. MD 21550
	23. PART I. Enter the diseases, or	complications that cere. List only one cause of	reed the deeth. Do	not anter the me	de of dying, au	ch ee cardlec or reap	iratory erreat,	Approximete interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. /	/ /	ic L	vng	GNCO	v.	Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	b. OUE TO (OR	AS A CONSEQUENCE (OF):				
LIFIC/	ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	C DUE TO (OR	AS A CONSEQUENCE O	OF):				
EH	resulting in dealin) LAST	d						
AL C	PART II. Other eignificent condition	one contributing to dea	th but not regulting	in the underlyin	a ceuse alven i	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA						PERFOI	11	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 [] YES 2 [] NO
N.								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C			
YSI	1 TYES 2 XNO	1 - Inpetient 2 - ER				6 Other (Specify)		
	27. MANNER OF QEATH 1 Natural 5 Pending	26a. DATE OF INJU (Month, Day, Ye	RY 26b, TII	IJURY W	JURY AT ORK?	26d. DESCRIBE HOW	INJURY OCCURE	0
BY	2 Accident Investigation			"" ''	YES 2 NO			
TED	3 Suicide 6 Could not b 4 Homicide determined	building, etc.	IURY — At home, ferm, 'Specify)	street, factory, offi	:0	281. LOCATION (Street City or Town, Stete	end Number or Ri	ural Roule Number,
7	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	nowledge, death occur	red at the time, dat	end place, end du	ie to the cause(e) end me	nner as stated.	
COMPLET								use(s) and manner on stated.
ВС	296. SIGNATURE AND THE OF SERTIFI	//			29c. LICENSE NI		r	SNED (Month, Day, Year)
00	18011	6			D 239		12/7	1/91
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)			0/0	-/ '/
	Dr. Robert Gora				Oalelan	d. Maryland	1 21550	
1					Oaklan	u. Paryrano	41550	
8	AUG 2 3 19	91 Lina Day	draw Dans on					
		1//	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN C					

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)	G	WOLFOR		2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 067 14 5587 90. FACILITY NAME (If not institution, give stre	1□M2 XF 76	YRS. MONT	NOER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) 8-2-1	Coun	EW YORK				
312 Edgemere Di			NNAPOLIS			RUNDEL				
10e, STATE 10b. COUNTY	RUNDEL		VN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 H NO				
312 EDGEMERE I	R.		101. ZIP CODE 21403	10g. CITIZEN OF WHAT COUNTRY? USA						
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.) /:	or No— 14. RAC Bla Spe	CE — American Indian, ick, White, etc. ocity: WHITE					
15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one during most of working	16b. KIND OF BUS	SINESS/INDUSTRY					
1. 2 17. FATHER'S NAME (First, Middle, Last)		Secreta		STAT ME (First, Middle, Maiden	E OF MI	0.				
	THELF		ANNA		RVATH					
19e. INFORMANT'S NAME (Type/Print)	Tra		RESS (Street end Number or Rural							
JOAN M. BARKSDA 20e. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 □ Ramon 4 □ Donation 5 □ Other (Specify)	val from State	b. PLACE OF DISPOSITION other place)	GENERE DR. (Name of cometery, crematory or	20c. LO	S MD C CATION — City or xand ris	Town, State				
SIGNATURE OF FUNERAL BERVICEPLICE			Taylor Fun	eral Cha		, , ,				
			Annanalie	Ma						
23. PART I. Enter the disesses, or co	omplications that cause	d the deeth. Do not en	Annapolis, nter the mode of dying, suc		ratory arreat,	Approximate				
23. PART I. Enter the disesses, or control of the c	propile of the course on the course on the course on the course on the course on the course on the course of the c	each line.	nter the mode of dylng, suc	h as cardiac or respi	and the second	Interval Between				
ehock, or haert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	each line.		h as cardiac or respi	and the second	Interval Between				
ehock, or haert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, laeding to immadiete cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	nter the mode of dylng, suc	h as cardiac or respi	and the second	Interval Between				
ehock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF):	+ Lound alive 3	as cardiac or respi dead. Jun, Foi	Last und a	Interval Between				
shock, or haert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF):	ter the mode of dying, such	Part I. 24a. WAS AN PERFOR	Last und a	Interval Between Onset and Death A A A A A A A A A A A A A A A A A A A				
shock, or haert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the	+ Lound alive 3	Part I. 24e. WAS AN PERFOR	Last und a	Interval Between Onset and Death A A A A A A A A A A A A A A A A A A A				
ehock, or haert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A A A B HOSPITAL:	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the	e underlying cause given in	Part I. 24e. WAS AN PERFOR	Last und a	Interval Between Onset and Death A A A A A A A A A A A A A A A A A A A				
ehock, or haert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut pot reaulting in the patient 3 DOA 4 DOA 4 DOA 1 D	e underlying cause given in 26. PLACE OF DEATH (C) HER: Nursing Home 5 Residence 28. INJURY AT WORK? 1 YES 2 NO	Part I. 24e. WAS AN PERFORD 1 YES 2	AUTOPSY NO NO NO NUMBER OF BURN OCCURED	Interval Between Onset and Death Am				
ehock, or haert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS EXAMPLE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY Building, atc. (So	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): DUL BOT resulting in the patient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DOA 4 DOA 1 D	e underlying cause given in 26. PLACE OF DEATH (C) HER: Nursing Home 5 Residence 28. INJURY AT WORK? 1 YES 2 NO	Part I. 24e. WAS AN PERFOR 1 UYES 2 Other (Spectly) 28d. DESCRIBE HOW 1 28f. LOCATION (Street City or Town, State, at the cause(e) and ma	AUTOPSY RMED? NO NJURY OCCURED and Number or Rura	Interval Between Onset and Death Approximately Findings AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO				
ehock, or haert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to deeth A Contributing to deeth A B CONTRIBUTE CONTRIBU	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut ot resulting in the consequence of injury Y — At home, ferm, street on end/or investigation, in	e underlying cause given in 26. PLACE OF DEATH (C) WORK? M 1 YES 2 NO , factory, office	Part I. 24a. WAS AN PERFOR 1 YES 2 28d. DESCRIBE HOW City or Town, State, as time, date and place, or	AUTOPSY MED? NO NJURY OCCURED and Number or Rura There as stated, and due to the cause	Interval Between Onset and Death Approximately Findings AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO				

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 3 0 1991

32. REGISTRAR'S SIGNATURE

ave aungrolis mi

	1 - STATE REGISTRAR	SIAIE UF	MARYLAND C		ICATE				MEN	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2, D.	ATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	GEORGE WALT	TER WEB	ER SR.						08	3 26	5 1	991	11:00A. M
- 1	4, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1		IF UNDER			ATE OF BIRTH Month, Day, Year)			HPLACE (State or Foreign
	217-36-0289	1 💢 M 2 🗌 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.		2-09-19	907	year 991 991 6. BIRTHP Country, Mar DORCH USA 14. RACE Black, Specify 15 Code) 17 City or Tow War 18 Ar 19 Code) 19 Code 10 Code 10 Co	yland
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF D		- 00 1			
DIRECTOR	William Hill He	ealth C	are Ce	nter	C	amk	orid	ge			D	orch	nester
티	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,		10c CI	ry, town or	RIOCAT	ION						10d. INSIDE CITY
<u>E</u>		chester		100.01			orid	0.0					LIMITS?
	100. STREET AND NUMBER	nester					. ZIP COD				1 10- 00	FIZEN OF	
FUNERAL	4161 Bestpitch	Ferry	Road			10		161	3		log. Ci		
필											1		
교	11, MARITAL STATUS 1 Never Married 2 Merried	FORCES?	NT EVER IN U.S. A		If	yes, sp	ecity Cubi	an, Mexic		RIGIN? (Specify Ye erto Rican, etc.)	a or No-	Blac	E — American Indian, ck, White, etc.
B≼	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	YES	Х□ ио	Speci	fy:			Spec	White
	15. DECEDENT'S EDUC	CATION	16n D	ECEDENT	S USUAL OC	CUPATE	ON			16b. KIND OF BI	ISINESS/IN	IDUSTRY	
	(Specify only highest grade	completed)		Give kind of le. Do NOT a	work done d	uring me	ast of worki	ing		1001 70110 07 01			
7	Flementary/Secondary (0-12) 7 Years	College (1-4 or 5	+)	Fa	rmer					Self	Emp	1000	he
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1 4	IMCI		I so Mon	MED'S N	AME /E	irst, Middle, Maide	-	1010	- u
	Henry Jacob	Mahar					10. MO1			roline		hor	
BE	19a, INFORMANT'S NAME (Type/Print)	Weber	Т.	AL 84 A 11 1A 1	0 4000500	(Da			-	Number, City or To	_	_	01610
2	Thelma H. Webe	a r											21613
	20s. METHOD OF DISPOSITION				SITION (Na								
	1 Suriel 2 Cremation 3 Remo	oval from State	other	place)									
	4 Donation 5 Other (Specify)	ENGEE	- L Eas	t Ne	w Ma		ND ADDRI				New	Mai	rket , Md.
- 3	,/		1		42.1	AVMC V				uneral	Hom	e	
_	* Kenneth !	& Thom	ea h.		7	00						_	Md. 21613
	23. PART I. Enter the diseeses, or o												Approximate
ij	ahock, or haart fellure. IMMEDIATE CAUSE (Final	List only one co	use on each III				/						Onset and Death
	disease or condition	- N	10 1111	dal	in	a	de	no	al	ATT	in	im	11
	resulting in death)	DUE T	O (OR AS A CONS	EOVENCE	09:		1		L		(4)		•
7	_	W	usus	hil	i re	ill	ine	em	n				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	QUE T	ON AS A CONS			1							
M	cause. Enter UNDERLYING	P	aln	ux	rul	e	in						
H	CAUSE (Disease or Injury that initiated events	DUE T	O (OR AS A CONS	EOUENCE	OF):								
H	resulting in death) LAST	d,											
	DARW II Dahar shaddhaant acaddhaa	a a a stalbustion (a death but an		to the co	La Direction	Maria Inco	Charles 6	- David	1 00 100	N ALCTORA	, lai	b. WERE AUTOPSY FINDINGS
¥	PART II. Other significant condition	ea contributing t	o death but no	remuting	in the On	аепун	ig cause	given ii	n Part		PAMED?	7 24	AVAILABLE PRIOR TO
MEDIC										1 TYES	2 NO		OF DEATH?
M													1 YES 2 NO
ż													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF	DEATH (C	Check o	nfly one)			
S	1 TYES 2 NO		☐ ER/Outpetient	3 🗆 DOA			me 5 🗆 l	Residence	6 🗆	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE ((Month,	Dey, Year)		IME OF		JURY AT		280	d. DESCRIBE HOY	INJURY C	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				M	1 🗆	YES 2	☐ NO					
0	3 Suicide 6 Could not be	26e. PLACE buildin	OF INJURY — At g, etc. (Specify)	home, farm	, street, faci	ory, offi	ce		281	LOCATION (Street City or Town, Sta	et end Numi le)	ber or Rure	I Route Number,
I	4 Homicide determined												
PL	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(e) end menner ee stated.												
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner as stated.												
D D	291-MENDTURE AND TITLE OF CENTIFIE	n/ /	1		7		29c_LI	CENSE N	UMBER	1	26st. D	ATE SIGNS	gib (Munth, Grey, Wear)
0	Judixi	ashi	noton	14	0		1.1)3,	110	08	•	8/	28/91
2	39. NAME AND ADDRESS OF PERSON W	O COMPLETED C	USE DE DEATH (TEM 27) (%	ne Print)						-	1	-

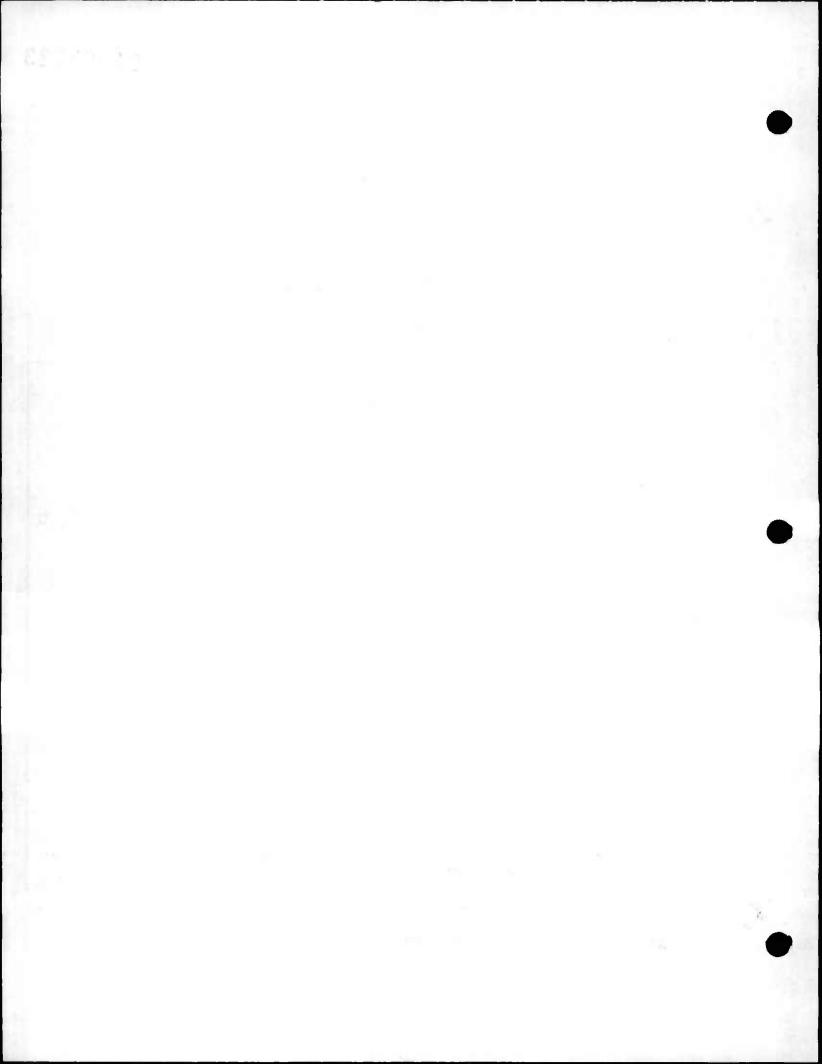
uton, M

32. REGISTRAR'S SIGNATURE
Filia Davidson-Rondoll

408



DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	IEALTH AND	MENTAL HYGIEI		91 2482
	1. DECEDENT'S NAME (First, Middle, Lest) TAK CHOW	WONG				2. DATE OF DEATH		XEAR 1122 A M
2)	4. SOCIAL SECURITY NUMBER 538-54-0142	1 🖄 M 2 🗆 F 7	In yrs. last birthday) 75 vns.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Pec. 27, 1		B. BIFTNPLACE (State or Foreign Country) China
тов	90. FACILITY NAME (If not institution, give COUTOLL CO. GOV. RESIDENCE OF DECEDENT				estminst			ry of DEATN Carroll
DIRECTOR		r Utimore	t0c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	9 Black Smith C					136		EN OF WHAT COUNTRY?
8	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	NUS, ARMED 2XXNO ATES	If yes, spi	ENDENT OF HISPA ecity Cuben, Mexice 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		4. RACE — American Indian, Black, White, etc. Specify:
once. COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) Grade School	JCATION s completed) Cotlege (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during mose retired.)	ON st of working	16b. KIND OF BL		
6	17. FATHER'S NAME (First, Middle, Last) Tun Wong					ME (First, Middle, Maider 2e Yue C	Sumeme)	
be notified TO BE	190. INFORMANT'S NAME (Typo/Print) Sik Pui Wong		196. MAILING 9 Bl	ADDRESS (Street o	nd Number or Rural	Poute Number, City or Tox isterstown	wn, Stete, Zip C	21136
examiner must	20e. METNOD OF DISPOSITION 1.XI Burlel 2 Cremetton 3 Ram 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	censee	PLACE AND DATE (Belery, cremetory or o Mt. PL	of Disposition (Nather place) Casant C 22. NAME AN Eline	emetery D ADDRESS OF FA	8/30/91 S	Seattl	e. WA sterstown Rd. own, Md. 21136
other traumatic event, the medical	IMMEDIATE CAUSE (Final	a. RESPIR DUE TO (OR AS A DUE TO (OR AS A	ich line.	FAIL				st, Approximata interval Between Onset and Death
hows any injury, or MEDICAL CER	PART II. Other significent condition Multi-infu Diastes W	ne contributing to death be exct Demineral	et not resulting i enfici	n the underlying	cause given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Item SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Nonpetient 2 ER/Output	Itlent 3 DOA	OTHER:	ACE OF DEATH (Che	8 Other (Specify)		
marked, BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)		E OF 28c. INJU	IRY AT	28d. DESCRIBE NOW		
Item 28 is PLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	TY)			28t. LOCATION (Street City or Town, State))	
IMPORTANT: If Item 2 O BE COMPLET	(Check only	CIAN: To the beet of my knowle	end/or investigation	d at the time, date on, in my opinion, de	and place, end due ath occured at the	to the ceuse(s) and ma time, data end placa, er	nner ee stated	ceuse(e) end menner ee stated,
IMPORT TO BE	29b. SIGNATURE AND TITLE OF	Much	MD.		29c. LICENSE NUM 29c. LICENSE NUM	24	29d. DATE S	8-26-9/
	JOHN D. M: 140	MD. 7600	Osler	Shite 21	3 70	wson, M	1d.	21204
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA Julia Davidoor-	Pandelle.					
								DUMU 48 Per 1/90

	1. DECEDENT'S NAME (First, Middle, Lest) Lillian M. Welsh							2. DATE MONT			YEAR 91	3. TIME OF DEATH
\	4. SOCIAL SECURITY NUMBER 216-30-1761	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH th, Day, Year)		8. BIRTH Country	1405 PLACE (State or Foreign V) YLAND
/	9e. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY	TOWN	OR LOCATION OF			9c. COUN		0
CTOR	LIONS MANOR NU	RSING H	OME		CL	IMBI	ERLAND			ALL	EGA	NY
DIREC	10a. STATE 10b. COUNT	TY		10c. CIT	ry, town o	H LOCA	TION					10d. INSIDE CITY LIMITS?
		EGANY		C	имве							1) YES 2 NO
RAI	100. STREET AND NUMBER 209 SARATOGA S	TREET				10	21502			10g. CITIZ		VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. AF I YES 2 XII MAR OR DATES	MED NO	1	f yee, sp	CENDENT OF HISP secify Cuban, Mexi 3 2 NO Spec	can, Puerto			14. RACE	American Indian, c, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		+) (G	ive kind of	B USUAL Of work done ise retired.)	CCUPATI during mo	ON ost of working	180	ALLEG OF ED	ANY	cou	INTY BOAR
8	17. FATHER'S NAME (First, Middle, Last)			П			16. MOTHER'S N					
B	HENRY SPIES 19a. INFORMANT'S NAME (Type/Print)				0.400050				NICKA		0.41	
2	RONALD G. WELS	н					end Number or Run A VENUE					21502
	20e. METHOD OF DISPOSITION 1 X Burtel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify)		20b. PLACE	AND DAT	E OF DISP	OSITION	:	DA	E 20c. LO	CATION —	City or To	
	21. SIGNATURE OF FUNERAL SERVICE L	Typcher	ich		G1 20	ORO 02 (GREENE	ST.	CUMBE	RLAN	ND, N	IE, P.A. ID 21502
	23. PART I. Enter the diseases, or ahook, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	aRos	of caused the deuse on each line	bru	+	Cu	luve	ch aa ce	diac or reapi	ratory arr	eat,	Approximata Interval Batwee Onset and Dear
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	O (OR AS A CONSE		U		10 mit	us	•			
MEDICAL	PART A Other algoriticent condition		o daeth but not		In the ur	ideriyin	ng cause given	In Part I.	24a. WAS AN PERFOR 1 YES 2	PMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ANO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 004	OTHE	R:	PLACE OF DEATH					
PHY	27. MANNER OF DEATH	28e. DATE O		28b. TI	1 22	28c. IN	JURY AT	-	SCRIBE HOW I	NJURY OC	CURED	
ВУР	Natural 5 Pending 2 Accident Investigation		Day, reary		M		YES 2 NO					
8	3 Suicide 6 Could not b 4 Homicide determined	26a. PLACE building	OF INJURY — A1 h , etc. (Specify)	ome, farm,	street, fac	tory, offi	Ce		CATION (Street of or Town, State)		or Rural I	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY											e) and menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERUIT		M	1. 7	\		29c. LICENSE N	IUMBER	- sine franch at	29d. DAT		(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON W		USE OF DEATH (IT	M 271 /5m	a Print)	_						

V.A. Ranjithan, M.D. Lions Manor Nursing Home Cumberland, MD AUG 15 1991 June 12: 15 1991 J

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	Ħ
	0
	tiffe
	e no
	4
	must
	-
	Ĕ
	E
	X
लं	-
ğ	60
5	ē
6	Ē
ation,	the th
Ĕ	#
Cre	eve
inial	2
ă	TE
2	틍
phor	E
ene	her
2	0
Ξ.	0
띝	2
ž	2
pu	=
5	8
69	2
Ξ	8
0	-S
ept	8
0	F
rith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	He
the state	0
it i	ed,

FOR	STATE OF MARYLAND /	DEDADTMENT	OE HEALTH AND I	MENTAL HYCIEN		11 2482
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			OF DEATH	REG. NO	_	3. TIME OF DEATH
GILBERT GARFIELD	WADNICK			MONTH D	2. 199	AR
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. las	t birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
220 16 5544	1 x M 2 □ F 85	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) APRTL 10	1904	Country) MD
9a. FACILITY NAME (If not institution, give st	- Caracana	9b. CITY,	TOWN OR LOCATION OF DI	EATH	9c. COUNTY	OF OEATH
SACRED HEART HOST	PITAL		CUMBERLAND		ALL	EGANY
10e. STATE 10b. COUNTY	ALLEGANY	10c. CITY, TOWN O	R LOCATION BARTON			10d. INSIDE CITY UMITS? 1. YES 2 \(\text{NO} \) NO
100. STREET AND NUMBER LAUREL RUN	PO BOX	50	10f. ZIP CODE 2152	21		OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 XIII IF YES, GIVE WAR OR DATES	NO I	NAS DECENDENT OF HISPAI I yes, specify Cuban, Mexica YES 2 NO Specif	in, Puarto Rican, atc.)	n or No- 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDUC	ATION 160 DE	CEDENT'S USUAL OC	CLIPATION	16b, KIND OF BU	SINESS/INDI IST	
(Specify only highest grade Elementary/Secondary (0-12) UNKNOWN	completed) (G	Ne kind of work done of Do NOT use refred.) ORDERLY	luring most of working		JRSING	
17. FATHER'S NAME (First, Middle, Last)	RY WARNICK			MARY TIMNE		
190. INFORMANT'S NAME (Type/Print) FLORENCE	19	b. MAILING ADDRESS LAUREL I	(Street and Number or Rural RUN BARTO		m, State, Zip Coo	21521
20x METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo	oval from Stata 20b. PLACE	AND DATE OF DISPO			ARTON,	
21. SIGNATURE OF PUNITHAL SERVICE LIC	molecul	111	NAME AND ADDRESS OF FA	BOAL-WA		FUNERAL HOME 21562
23. PART I. Enter the diseases, or o	omplications that coused the	ath. Do not enter	the mode of dying, suc	ch ea cerdiac or resp	iratory arrest	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arteriosolero		rt Dies	as With	,	Onset and Das
	DUE TO (OR AS A CONSE	QUENCE OF):	T.			
Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CONSE		mentia			
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	-			
PART II. Other significant condition	a contributing to death but not occupies time to	resulting in the un	derlying cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C/	heck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER	R: sing Home 5 □ Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fact	ory, office	28f. LOCATION (Street City or Town, State	and Number or (Rural Route Number,
Control of the contro	CIAN: To the best of my knowledge, do					suse(s) and manner as stated.
296. SIGNATURE AND THE OF CERTIFIED	OS into	1	29c. LICENSE NU D1144		29d. DATE S	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DIVINE OT	M 27) (Rene Print)				

ATH (ITEM 27) (Type, Print)

BMG

Gerta January Manuese

M.D.,

912 SETON DRIVE, CUMBERLAND, MD 21502

STREET AND NUMBER O Baltimore ARITAL STATUS Never Married 2 Merried Widowed 4 Divorced 15. DECEOENT'S E (Specify only highest gr Clementary/Secondary (0-12) 1 O ATHER'S NAME (First, Middle, Last) George L. Me INFORMANT'S NAME (Type/Print) ATTY R. Wagn METHOD OF DISPOSITION Burlel 2 Cremation 3 R DOTATURE OF FUHERAL SERVICE PART I. Enter the diseases, of	B. 5. SEX 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 M 1 1 M 2 M 1 1 M 2 M 1 1 M 2 M 1 2 M 2 M 2 1 M 2 M 2 2 M 3 M 4 M 4 1 M 4 M 4 1 M 5 M 6 1 M 7 M 7 2 M 8 DECEDENT EVE FORCES? 1 M 7 1 M 7 M 7 2 M 8 DECEDENT EVE FORCES? 1 M 7 1 M 7 M 7 2 M 7 M 7 2 M 7 M 7 3 M 7 M 7 4 M 7 M 7 4 M 7 M 7 4 M 7 M 7 4 M 7 M 7 4 M 7 M 7 4 M 7 M 7 4 M 7 M 7 4 M 7 M 7 5 M 7 M 7 6 M 7 M 7 6 M 7 M 7 6 M 7 M 7 6 M 7 M 7 6 M 7 M 7 6 M 7 M 7 7 M 7 8 M 7 8 M 7 8 M 7 8 M 7 8 M 7 8 M 7 8 M 7 8 M 7 1 M 7 2 M 7 3 M 7 3 M 7 3 M 7 3 M 7 3 M 7 4 M 7 3 M 7 4 M 7 5 M 7 5 M 7 6 M 7 6 M 7 6 M 7 6 M 7 6 M 7 6 M 7 6	10c. CT ER IN U.S. ARMED ES 2 NO R DATES 16a. OECEDENT' (Give kind of life. Do NOT a COO.) 19b. MAILINI P. O 20b. PLACE ANO OAT a cometany, company	9b. CITY, TO CUM TY, TOWN OR IS. WALL OCC Work done dur use retired.) k G ADDRESS (3 B . 1 1 TE OF DISPOS TO OF THE POLY 22. NA 3 0	YEAR F UNDER 24 HO DAYS HOURS MH TOWN OR LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION (Name of Location) Of Location (Name of Location) Of Location Of Location (Name of Location) Of Location Of Loc	SPANIC ORIGINAL SPANIC ORIGINA	N? (Specify Year Ricen, etc.) School Middle, Melden (Rit nber, City or Town TINOnt TE 20c. LOT 23 Cut Kight	9 s. county Alle 10g. CITIZEN USA or No- 14 INNESS/INDUS 1 Sys Surname) Chie) n, State, Zip Co , MD. CATION - City mber1 CFune	BERTHPLACE (State Country) West Vi OF OEATH Egany TOOL INSIDE LIMITS? 1 × YES 2 N OF WHAT COUNTR Black, White, etc. Specify: Whit TRY Stein 21867 yer Town, State and, MD. Taland2 t, Approach Interv
B-38-2331 ACILITY NAME (If not institution, given and institution, given and institution, given and institution, given and institution, given and institution, given and institution, given and institution, given and institution, given and institution anation and institution and institution and institution and institu	I D M 2 M F We street and number) al & Medical INTY egany AVENUE 12. WAS DECEDENT EVER FORCES? I D VI IF YES, GIVE WAR OF COMPLETEDUCATION College (1-4 or 5+) ETTITE Termoval from State EUCENSEE Or complications that cau	TO VAS. Center 10c. CI 10c.	B. 11 TE OF DISPOSO TO STREET OF THE PLANT	DAVE HOURS MIT TOWN OR LOCATION OF LOCATI	SPANIC ORIGINATION OF FACILITY SPANIC ORIGINATION OF FACILITY	N? (Specify Year Rican, etc.) b. KIND OF BUS Schoo Middle, Melden (Rit nber, City or Town rmont re 20c. Lou 23 Cu: Kight	9 9 9c. COUNTY Allo 10g. CITIZEN USA or No- 14 INNESS/INDUS 1 Sys Surname) Chie) n, State, Zip Co. , MD. CATION - Chi mberl CFune	County West Vi OF OEATH PRANTY 10d. INSIDE LIMITS7 1 X YES 2 N OF WHAT COUNTR RACE — American Black, White, etc. Specify: Whit TRY Stein 21867 y or Town, State and, MD. Tandy Tandy Tandy Tandy Tandy Tandy Tandy Tandy Tandy Tandy Tandy Tandy Tandy Tandy Tandy Tandy
EMORIAL HOSPITAS SIDENCE OF DECEDENT STATE LAND NUMBER O BALTIMORE ARTIAL STATUS Never Married 2 Married Widowed 4 Divorced (Specilly only highest gr STATE NAME (First, Middle, Last) ATHER'S NAME (First, Middle, Last) GEORGE L. Me INFORMANT'S NAME (Type/Print) ATTY R. Wagn METHOD OF DISPOSITION BUTTLE 2 Cremation 3 R CONSTRUCT OF TUNERAL SERVICE PART I. Enter the diseases, of shock, or heart failur MEDIATE CAUSE (Finel sease or condition	AVENUE 12. WAS DECEDENT EVER FORCES? 1 UNIT VES, GIVE WAR OF COMPLETE COMP	10c. CT ER IN U.S. ARMED ES 2 NO R DATES 16a. OECEDENT' (Give kind of life. Do NOT a COO.) 19b. MAILINI P. O 20b. PLACE ANO OAT a cometany, company	Cum 13. WA 14. WA 15. USUAL OCC 16. Work done clur 18. WA 19. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12	LOCATION LOC	spanic originates, Puerto pecify: 16 s NAME (First, a Lee urel Route Num Fai Cem 8 / Facility ur St	Schoo Middle, Melden (Rit Thober, City or Town TINONT Z Cui Kight Cui	I Sys Surname) Chie) All MD. Cation - City The Cumber of the country of the	10d. INSIDE LIMITS? 1 X YES 2 N OF WHAT COUNTE RACE — American Black, White, etc. Specify: White TRY 21867 yer Town, State and, MD. 21502 Taland2 Taland2 Taland2 Taland2
STATE 10b. SQUE	Avenue 12. WAS DECEDENT EVE FORCES? 1 VI IF YES, GIVE WAR OF College (1-4 or 5+) Perritt Removal from State EUCENSEE or complications that cau	10c. CT ER IN U.S. ARMED ES 2 NO R DATES 16a. OECEDENT' (Give kind of life. Do NOT a COO.) 19b. MAILINI P. O 20b. PLACE ANO OAT a cometany, company	Is. was if y it is substant occurrenced. If y is substant occurrenced. It is substant	10f. ZIP CODE 21502 IS DECENDENT OF HI yes, specify Cuban, M YES 2 NO S CUPATION In MOTHER Ann Street and Number or F 0, Uppe SITION (Name Cheran AME AND AGORESS O 9 Decat	s NAME (First, a Lee turs! Route Nur Fai	Schoo Middle, Melden (Rit Thober, City or Town TINON 23 Cui Kight Cui	USA or No- 14 siness/indus 1 Sys Sumame) chie) n, State, Zip Co , MD. cation - City mber1 CFune	RACE - American Black, White, etc. Specify: White term 21867 yer Town, State and, MD. 21502 Approximately and terms of the control of th
O Baltimore Never Married 2 Married Widowed 4 Divorced Specify only highest gridenth Secretary/Secondary (0-12) 10 ATHER'S NAME (First, Middle, Last) George L. Me INFORMANT'S NAME (Type/Print) ATTY R. Wagn METHOD OF DISPOSITION Burtel 2 Cremation 3 R Donation 5 Other Goody) SIGNATURE OF FUNERAL SERVICE PART I. Enter the diseases, of shock, or heart failur MEDIATE CAUSE (Finel sease or condition	12. WAS DECEDENT EVER FORCES? 1 VI IF YES, GIVE WAR OF STATE OF THE PROPERTY	16a. OECEDENT'S (Give kind of killer, Do NOT a COO) 19b. MAILIN P. O 20b. PLACE ANO OA. at cemetary cramator.	S USUAL OCC work done dur use retired.) R ADDRESS (3 B . 11 TE OF DISPOS TO OS PHOLOPIUM 22. NA 30	21502 AS DECEMBENT OF HI yes, specify Cuban, Ma yes 2 No S SUPATION In MOTHER Ann Street and Number or F 0, Uppe SITION (Name ftheran AME AND AGGRESS O 9 Decat	s NAME (First, a Lee turs! Route Nur Fai	Schoo Middle, Melden (Rit Thober, City or Town TINON 23 Cui Kight Cui	USA or No- 14 siness/indus 1 Sys Sumame) chie) n, State, Zip Co , MD. cation - City mber1 CFune	RACE — American Black, White, etc. Specify: White try Stem 21867 For Town, State and, MD. 21502 t, Approximate the contract of the contract
ARITAL STATUS Never Married 2 Married Widowed 4 Divorced 15. DECEOENT'S E (Specily only highest gri Idementary/Secondary (0-12) 1 0 ATHER'S NAME (First, Middle, Last) GEORGE L. Me INFORMANT'S NAME (Type/Print) ATTY R. Wagn METHOD OF DISPOSITION Burlel 2 Cremation 3 R Donation 5 Other Process GRONATURE OF FUNERAL Estivice PART I. Enter the diseases, of shock, or heart failur MEDIATE CAUSE (Finel sease or condition	12. WAS DECEDENT EVER FORCES? 1 VI IF YES, GIVE WAR OF STATE OF THE PROPERTY	16a. OECEDENT'S (Give kind of killer, Do NOT a COO) 19b. MAILIN P. O 20b. PLACE ANO OA. at cemetary cramator.	S USUAL OCC work done dur use retired.) R ADDRESS (3 B . 11 TE OF DISPOS TO OS PHOLOPIUM 22. NA 30	Is DECENDENT OF HIPPER, appelly Cuban, Mary VES 2 NO S EUPATION 18. MOTHER: Ann Street and Number or F 0, Uppe SITION (Name Theran AME AND AGGRESS O 9 Decat	s NAME (First, a Lee turs! Route Nur Fai	Schoo Middle, Melden (Rit Thober, City or Town TINON 23 Cui Kight Cui	or No- 14 UNINESS/INDUS 1 Sys Chie) Chie) MD. CATION - City The Cumber Crune	Black, White, etc. Specify: Whit TRY Stem 21867 yer Town, State and, MD. 21502 t. Approx
15. DECEOENT'S E (Specily only highest gridementary/Secondary (0-12) 10 ATHER'S NAME (First, Middle, Last) GEORGE L. Me INFORMANT'S NAME (Type/Print) ATTY R. Wagn METHOD OF DISPOSITION Burtel 2 Cremation 3 ROUNTER OF FUNERAL ENTITE PART I. Enter the diseases, a shock, or heart failur MEDIATE CAUSE (Finelesses or condition	College (1-4 or 5+) erritt erritt erritt completed)	19b. MAILIN P. O 20b. PLACE ANO OAL of Cemetary Cramator	G ADDRESS (SB. 11 TE OF DISPOS TO OS PHOSPOS 30	18. MOTHER: Ann Street and Number or F 0, Uppe SITION (Name Ftheran AME AND AGGRESS 0 9 Decat	s NAME (First, a Lee The standard Route Num The Facility The standard St	Schoo Middle, Melden (Rit hee, City or Town rmont TE 20c. LOC 23 Cut Kight	1 Sys Sumame) chie) chie) , State, Zip Co , MD. cation - City mber1 cFune cumbe	21867 or Town, State and, MD. cral Hon
George L. Me INFORMANT'S NAME (Type/Print) arry R. Wagn METHOD OF DISPOSITION Burtel 2 Cremation 3 R Donation 5 Other Coactly GRONATURE OF FUNERAL Entiring PART I. Enter the diseases, a shock, or heart failur MEDIATE CAUSE (Finel sesse or condition	erritt ner Ramoval from State or complications that cau	20b. PLACE ANO OAL at cemetary cramation	B. 11 TE OF DISPOS TO Softher place 22. NA 30	Ann Street and Number or F O, Uppe SITION (Name Etheran AME ANO ACCRESS O DECAT	a Lee unel Acute Num r Fai Cem 8 / F FACILITY ur St	(Rit	chie) chie) chie) MD. cation - city mberl Crumbe	21867 yor Town, State and, MD. ral Mon rand
METHOD OF DISPOSITION Burlel 2 Cremation 3 ROMATURE OF FUNERAL SAMPLE PART I. Enter the diseases, a shock, or heart failur MEDIATE CAUSE (Finel sees or condition	terroval from State	20b. PLACE ANO OAL at cemetary cramation	B. 11 TE OF DISPOS TO Softher place 22. NA 30	0, Uppe sition (Name ftheran AME AND ADDRESS 0 9 Decat	Cem8/	rmont 20 Cur Kight	, MD. CATION - CITY INDER 1 Fune Cumbe	21867 yer Town, State and, MD. eral Hon 21502
Burtel 2 Cremation 3 R Operation 5 Other Countries of Puneral Entirice PART i. Enter the diseases, a shock, or heart failure MEDIATE CAUSE (Finelesses or condition	or complications that cau	of cemetary Cremator	ostherplace 22. na 30	ftheran AME ANO A OORESS OF	Cem8/ FFACILITY ur St	23 Cur Kight reet	mberl Cumbe	and, MD.
PART I. Enter the diseases, on the shock, or heart failures or condition	or complications that cau	ised the death. Do	30	9 Decat	e FACILITY ur St	Kight	Cumbe	ral Hon 21502
shock, or heart failure MEDIATE CAUSE (Finel base or condition			not sater th	he mode of dying,	such as ca	rdiec or respi	ratory srres	Interv
quentially list conditions, ny, leading to immediate se. Enter UNDERLYING JSE (Disease or Injury Linitiated events uiting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE (OF):					Onset
RT II. Other significant condit	tions contributing to deat	th but not resulting	in the und	erlying csuse give	n in Part i.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOP AVAILABLE PI COMPLETION OF DEATH? 1 YES 2
EXAMINER?	HOSPITAL:	Output a D DOA	OTHER:		-			
Netural 8 Pending	28s. DATE OF INJU (Month, Day, Ye	PRY 28b. TI	ME OF 2	28c. INJURY AT WORK?	28d. Di		NJURY OCCUI	RED
Suicide 8 Could not	be 28e. PLACE OF INJ	IURY — Al home, ferm, (Specify)	, street, factor	ry, office			and Number or	Rural Route Number,
(Check only								
SIGNATURE AND TITLE OF GERTI	IFIER .			D 2	NUMBER	9	29d. DATE 5	IGNED (Month Days
000	JAN I							
	EXAMINER? 1 VES NO IANIMER OF DEATH Netural 8 Pending Investigate Accident Suicide 8 Could not detarmine CERTIFIER (Check only one) 2 MEDICAL EXAL	VES NO Inpatient 2 ER/ Inpatient 2 ER/ Inpatient 3 Pending Accident Suicide S Could not be determined CERTIFIER Check only 1 CERTIFYING PNYSICIAN: To the best of my beautiful or control of the could not be determined CERTIFIER Check only 1 CERTIFYING PNYSICIAN: To the best of my beautiful or control of the could not be determined	EXAMINER? VES NO	EXAMINER? OFFITAL:	HOSPITAL: OTHER: 4 Numaing Nome 8 Reside	HOSPITAL: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 8 Rasidence 8 Other Natural Natural S Pending Investigation Suicide S Could not be determined 28a. DATE OF INJURY AT VES 2 NO Notice Notice Suicide S Could not be determined 28a. PLACE OF INJURY — All home, farm, street, factory, office 281. LO Cit CERTIFIER Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the core CERTIFYING P	MAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO	MAS CASE REFERRED TO MEDICAL EXAMINER? I YES NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 8 Residence 8 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 8 Residence 8 Other (Specify) Application 1 Pending Investigation Suicide 8 Could not be determined 28a. DATE OF INJURY 28b. TIME OF INJURY WORK? M 1 YES 2 NO 28a. DATE OF INJURY AI WORK? M 1 YES 2 NO 28a. DATE OF INJURY AI home, farm, street, factory, office 28a. DATE OF INJURY AI home, farm, street, factory, office CERTIFIER (Check only one) CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner ea stated one) 1 DEPICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner ea stated one)

	C
60,	within
(687	executed
2	8
B	ficate
0	certi
ιν, Π	death
ő	he
S S S	that 1
REC	requires
_	MB
¥	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.
à.	E

	REGISTRAR 1. OECEDEN,T'S NAME (First, Middle, Las		CERTIFI	CATE OF	HEALTH AND	-	REG. NO.		-	2482
		pordon	Whe	eler	petitik	MON		0 19	YEAR 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS		OF BIRTH	, (. BIRTHPL/	ACE (State or Forei
	212-16-0692 Se FACILITY NAME (If not institution, fine		80 YRS.	1101101	OR LOCATION OF	1	/21/11		Mar	vland
DIRECTOR	HATTOR //	em. Hosp	1tal	HAVI	e de	//	ACE	HA	POF DEAT	rd
JE I	Maryland F	w Harford		TOWN OR LOCA	ATION					d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		AD	erdeen	of, ZIP COOE			10a. CITIZI		T COUNTRY?
FUNERAL	800 Matthews Av	renue			21001		İ	U.S		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D WW II	2 NO	If yes, s	CENDENT OF HISP pecify Cuban, Max 8 2 NO Spe	ican, Puarlo	N? (Specify Yes o			American Indian, fills, atc.
TED	15. DECEDENT'S ED (Specify only highest gra	DUCATION de completed)	18s. DECEDENT'S U	rk done during m	ION ost of working	161	. KIND OF BUSI	NESS/INDU		_e
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT use	retired.)						
OM	17. FATHER'S NAME (First, Middle, Last)	0	Welder		18 MOTHER'S	CC	Instruci Middle, Maiden S	tion,	Beth	. Stee]
BE C	Elverton Wheele	r				Rutt		umame)		
6	19a. INFORMANT'S NAME (Type/Print)		196. MAILING A	DDRESS (Street	and Number or Run	al Route Num	ber, City or Town,	State, Zip C	ode)	
	Roy L. Wheeler		800 Ma	tthews	Ave., A	berde				001
	20g. METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Ra 4 Donation 8 Other (Specify)	moval from State	PLACE AND DATE OF the leftery, cremetory or other arrison F	as also al		9/4		ATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSES	dilison r	22. NAME A	ND ADDRESS OF	FACILITY		rys M		
	*KINITON	(Ild at	0 AS10	Tari	ring-Car	go Fu	neral H	Home,	P.A.	
	23. PART I. Enter the diseases, or shock or heart failure	complications that general	the death. Do no	anter the me	rdeen, M	och as can	IIQ ZI	JUT-3.	399	Approximate
	iMMEDIATE CAUSE (Finei disease or condition reaulting in desth)	List only bis couldn't	CONSEQUENCE OF	-						Intervsi Bet Onset and I
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO TOR AS A	CONSEQUENCE OF)	ent	an	hyti	m			
占	PART II. Other significant condition	ons contributing to death b	ut not resulting in	tha underlyin	g cause given i	n Part i.	24a. WAS AN AL	UTOPSY,	24b. WEI	RE AUTOPSY FIND
IAN: MEDIC						_	PERFORM 1 VES 2		OF	HABLE PRIOR TO MPLETION DE CAU DEATH? YES 2 NO
O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	Check only on	e)			
HYSI	1 YES 2 NO	1/2 Unpatient 2 - ER/Outp	effent 3 DOA 4		ne 5 🗆 Rasidence	a 🗆 Othe	r (Specify)			
BY PF	1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME (INJUR	M 1	URY AT DRK? YES 2 NO	28d. DES	CRIBE HOW INJ	URY OCCU	RED	
ETED	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, atri	eet, factory, offic	•	28f. LOC City	ATION (Street and or Town, State)	d Number or	Rural Route	Number,
COMPLE	29a. CERTIFIER (Check only one) 2 CERTIFYING PHYS	SICIAN: To the best of my knowl ERL On the basis of elemination	edge, death occurred and/or investigation,	at the time, data in my opinion, d	and place, and du	us to the cau	se(s) and menne and place, and	or as stated. due to the d	ause(s) and	d manner as state
38 C	286. SIGNATURE AND TITLE OF CONTIFE	" July			29c. LICENSE NI					m gay, year)
	30. NAME AND ABDRESS OF PERSON W	ANE 1610	# 101	E,	Whee	e Li	nd 1.	sel	Air	MON.
	AUG 30 91	Julia Davidson	Aunde 22							
	7 - 0 -	1/1								

24828

5+1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9	be		te e
ained	hould		Med
Se ret	6.5		100
Tay t	r pag		of 1s
9 9	recto		Ē
- P.	rai d		iner
death	fune		вхап
after	y the	TOVA	ca
OURS	J in b	or rer	nedi
24 h	fille	tion.	the
vithin	pleteh	гета	ent,
rted v	EOO	ial. c	20 3
exect	and	ing o	mati
e pe	Sician	rior 1	trau
tificat	phy c	ene p	her
h cer	anding	H	0 10
deal	e att	Aenta	ury,
at the	by th	and A	y Inj
es th	Daug	afth	3 an
equin	en si	of He	how
J WE	as be	ept.	23 \$
The	ate h	tate 0	lem
CIAN	ertific	he S	0.
HYS	his cı	with 1	ked,
NG F	ther !	eath	mar
END	OR: A	Her d	80
R AT	RECTI	urs a	m 2
AL O	AL DI	2 ho	=
SPIT	INER	thin /	Ë
포	10日	ed wi	E
10	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ME ME
			- 1

31. DATE FILEO (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI	MENT OF I	EALTH AND	MEN	TAL HYGIEN	E 9	1	24829
	1. DECEDENT'S NAME (First, Middle, Last)	WARREN H. WILL	NER	illne			TE OF DEATH	<u> </u>	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-42-3983	5. SEX 6. AGE (In yrs. It	vrs.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	DE	TE OF BIFITH onth, Gay, Yearl, C.14,19(`	Country	PLACE (State or Foreign
HOTO	9a. FACILITY NAME (If not institution, give str HOLY CROSS HOS RESIDENCE OF DECEDENT				ER SPRIM				CT) AL	EATH Fry County
DIRECTOR	MARYLAND MON'	TGOMERY		VER SPI	RING					10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1111 UNIVERSITY	BOULEVARD, WEST 12. WAS DECEOENT EVER IN U.S. A FORCES? 1 YES 2 [V]	RMED			902	GIN? (Specify Yea		US.	A American Indian,
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC.		If yea, sp	2 [X NO Spec	can, Puar city:	to Ricen, stc.)		Specif	, white, atc.	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of worl le. Do NOT use n	NCE EXA	st of working		IS PATEN			
BE CO	17. FATHER'S NAME (First, Middle, Last) WALTER FREDERICK 19a. INFORMANT'S NAME (Type/Print)				ELEA	NORA	t, Middle, Maiden	3		
5	ELEANOR F. WILLNEI	R (WIFE) 1	111 UN	IVERSI'	Y BLVD.		umber, City or Town #202 SI			20902 ING,MARYLANI
	20s. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Remon 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State cemetery, cr	rematory or other	L CEME	ERY	8/	27 SUIT	LAND		- 100
	· Oly DE	Vin		FRANCI 500 UN	IVERSIT	LLIN Y BI	IS FUNER	SIL.	SPR.	INC.,MD.20901
	23. PART I. Enter the diseases, or contended in the conte	propilections that caused this diat only one cause on each lin	000							Approximate Interval Batwean Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avente Due to (OR AS A CONSEQUENCE OF):									
	PART II. Other significent conditions	contributing to deeth but not	resulting in t	he underiving	Ceuse given i	n Pert I	24a. WAS AN /	HIMBEY	Tank	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Banuturas	2 left	the C	>			PERFORI	WED?		AVAILABLE PRIOR TO AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C					
B	27. MANNER OF DEATH Netural 5 Pending 2.4 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year) 8 - 1 L - 9 (28b. TIME OF	F 28c. INJI WOI DaM 1 V	RY AT	_	ESCRIBE HOW IN		JREO	
COMPLETED	3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYSICI.	28e. PLACE OF INJURY — At he building, atc. (Specify) HO We AN: To the best of my knowledge, de				1111	ly or Town, State)	B	w8	ute Number 5 m
	(Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	On the beals of examination and/or	Investigation, in	n my opinion, de	sth occured st th	e time, da	te and place, and	due to the	ceuse(a)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH //TE	M 27) (Type, Prin	>	29c. LICENSE NU		46	≥ S	SIGNED (Month, Day, Year)
	John To				1500	ws	CA	Y C	0	noo,

81 21828

Paralle management throughout

of the that decident

Dar - Property

THE PERSON NAMED IN THE PARTY OF THE PARTY O

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 25, 3 stouck be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE	F DEATH	REG. No).				
	1. DECEDENT'S NAME (First, Middle, Last)	elden	White	TT		-	DAY Ci	YEAR 3. TI	ME OF DEATH 845 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthday)	IF UNDER I YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	-	8. BIRTHPLAC	E (State or Foreign		
	411-36-4801	1 XX 2 □ F	72 YRS.	MONTHS DAY	8 HOURS MIN.	Nov. 9,	1918	Country)	ngton, DC		
	9a. FACILITY NAME (If not institution, give atr		12	Sh CITY TON	N OR LOCATION OF DE			JNTY OF DEATH	igcoir, bo		
œ	(1)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1600			310					
ᅙᅵ	PESIDENCE OF DECEDENT	talventis	of Mosp.	Rocky	ılle		Mo	ntgomer	У		
DIRECTOR	10a. STATE / 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d.	INSIDE CITY		
뜻	Maryland Montg	omerv	Der	wood				,,,	LIMITS? YES 2XXNO		
7	10e. STREET AND NUMBER	omer y	DCI	WOOd	10f. ZIP CODE		100 CI	TIZEN OF WHAT			
BY FUNERAL	7300 Miller Fall	n J			20855			.S.A.			
빌	11. MARITAL STATUS										
교	1 Never Married 2 X Married	12. WAS DECEDENT E FORCES? XX		If yes	DECENDENT OF HISPAN specify Cuban, Maxican	, Puerto Rican, atc.)	na or No-	14. RACE — A Black, Whi	merican Indian, lia, alc.		
┢	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 - 1	YES 2 X NO Specify.			Specify:	White		
	15. DECEDENT'S EDUC		18e. DECEDENT'S	Hellas occup	ATION	16b, KIND OF B	IRINESS/IN	DUSTOV			
	(Specify only highest grade of	completed)	(Give kind of a	work done during	most of working	IOD. KIND OF B	USINESS/IN	DUSTRT			
21	Elementary/Secondery (0-12)	College (1-4 or 5+)				Τ.	001 0	overnme			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0	Attor	ney					ill		
						AE (First, Middle, Maide					
BE	Davenport White					ecilia La					
2	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural R	loute Number, City or To	wn, State, Z	ip Code)			
7	Ellen Todd White			as #1							
	20e, METHOD OF DISPOSITION 1XXBurial 2 Cremation 3 Remo	val from State	20b. PLACE OF DISPOS other place)					- City or Town, 9			
	4 Donation 5 Other (Specify)		Gate of H				lver	Spring	, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAM	E AND ADDRESS OF FAC		1 Fu	neral H	Jome		
	D 12.		M0089	6 10 1	E. Deer Par						
	23. PART I. Enter the diseases, or co	omnilestions that c							Approximate		
	sflock, or heart fellure. L							11091,	Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition A Cute Liver Failure										
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
		DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentielly list conditions,			10	ev						
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	00 10 (01	AS A CONSEQUENCE O	F): AA col	asterdi	2	1				
2	CAUSE (Disease or Injury		R AS A CONSEQUENCE O	1	ack 1001.	Z.	300	re			
Ë	thet initiated events	OUE 10 (OI	R AS A CONSEQUENCE O	*):							
CERTIFICATION		i						i			
	PART II. Other significent conditions	e contributing to de	eth but not reaulting	In the under	ying couse given in	Part I. 24a. WAS	IN AUTOPS		E AUTOPSY FINDINGS		
MEDICAL							ORMED?		LABLE PRIOR TO IPLETION DF CAUSE		
						1 □ YES	5 TANO		DEATH?		
						-		10	YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (Ch						
IYS	1 TYES 2 NO		R/Outpatient 3 DOA		Home 5 Residence						
표	27. MANNER OF DEATH	28n. DATE OF IN (Month, Day,		JURY	WORK?	26d. DESCRIBE HOV	/ INJURY O	CCURED			
B⊀	2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF t building, etc	NJURY — At home, farm, c. (Specify)	street, factory,	office	281. LOCATION (Stree City or Town, Sta	et end Numb (e)	er or Rural Route	Number,		
E	4 Homicide detarmined										
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	y knowledge, death occur	red at the time,	data and place, and dua	to the cause(a) and n	enner sa s	tated.			
COMPLETED	one) 2 MEDICAL EXAMINE								I manner as stated.		
	29b, SIGNATURE AND TITLE OF CERTIFIER	1/0	-		29c. LICENSE NUM	IDEO	294 D4	ATE SIGNED (Mor	nth, Day, Year)		
36	The state of the s	VIIA	in m. nh	MAY) STORETHON	2021	290.07	C A	- 6 6		
	M1211-6	2 - [MANON	11	77	LUIV		× 1	70191		
TO B	30, NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Tan	. Print)	D 2	20(18		81	50 (01)		
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print)	MO.	29(18		81	50 (21)		
	115011	32. REGISTRAR	VI AV	JEY	MO.	20(1)		81	20 (41)		

TO THE FUNERAL DIRECTOR: After this certificate head the certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

,	1. DECEDENT'S NAME (First, FRANK J.	Middle, Lest)	YAPPS	, SR.						MONTH Aug.		991	YEAR	3. TIME OF DEATH 10:30 AM M
	4. SOCIAL SECURITY NUME 143-03-8099	BER	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF B	иятн 1 , 19:	13	6. BIRTH Countr New	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not in Bel Air Con	valesc		er			TOWN C		ON OF DE	ATH		ec. cour Ha	NTY OF D LYTOI	EATH CO
DIRECTOR	nesidence of dec 10a. STATE Maryland	10b. COUNTY	ford			y, town o		ION						10d. tNSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 501 Millwoo	d Driv	e				101	2104	7	10g. CITIZEN OF USA				VHAT COUNTRY?
à	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES?	IT EVER IN U.S. AF YES 2 X WAR OR DATES			If yes, sp	ecity Cubi		IIC ORIGIN? (Sen, Puerto Ricer		or No—	14. RACE Bleck Speci	
COMPLETED	(Specify only highest grade completed) Flamentary/Secondary (9-12) College (1-4 or 5 +)					usual o work done se retired.)	during mo	st of worki		16b. KIN		lf-en		/ed
BE CON	17. FATHER'S NAME (First, Middle, Lest) Joseph (nmn) Yapps, 18. MOTHER'S NAME (First, Middle, Maiden Surname) Annie (nmn) Porgus													
TO B	194. INFORMANT'S NAME (1) Frank A. Ya		īr.	19 5	b. mailing 01 Mi	ADDRES:	s (Street a	nd Numbe Driv	e, Fa	Route Number, Callston	n, M	d. 2	1047	
	20e. METHOD OF DISPOSIT 1	on 3 Remo	ovat from Stata	20b. PLACE other p	OF DISPOS	SITION (ME	ime of cer	netery, crei	matory or tery			cation – eehol		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home,													
	HOLUMA	(C 11	LUOV	nces	11									Md. 21009
	23. PART I. Enter the d shock, or h iMMEDIATE CAUSE (Fir dleases or condition resulting in death)	aart feilure. L	List Dnly Dne ca	use Dn aach ilne	D.									Approximete interval Batwaan Onsat and Deeth
NO	immediate cause (Final disease or condition resulting in death) Sequentially liet conditions, Due to (or as a consequence of): Due to (or as a consequence of):													
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
CERTI	resulting in death) LAS	T a	d											
CAL	PART ii. Other eignifice	ent conditions	s contributing to	death but not	racuiting	in the U	nderiyin	g ceuse	given in		PERFO		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL										_ 1	YES 2	l 🗆 NO		OF DEATH?
AN	25. WAS CASE REFERRED 1	O MEDICAL					26. P	LACE OF	DEATH (Ch	eck only one)			!	
SIC	EXAMINER?		HOSPITAL: 1 Inpetient 2	☐ ER/Outpatient	DOA	OTHE	R: rsing Hon	ne 5 🗆 R	Residence	6 Other (S)	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH Natural 6 Accident	Pending Investigation	26e. DATE O (Month,	F INJURY Day, Year)	26b. TIN		28c. tN	JURY AT ORK? YES 2		26d. DESCRI		INJURY OC	CURED	
ED	0 0 0 0 1 1 1 1 1	Could not be datarmined	28a. PLACE building	OF INJURY — At h , atc. (Specify)	ome, farm,	atreet, fac	tory, offic	ea .			ON (Street own, State		r or Rural	Route Number,
COMPLET	Course only		CIAN: To the best of											s) and manner as stated.
TO BE (296. SIGNATURE AND TITLE	Now	allow	rlis	my	D		29c. LK	CENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A. NOWAKOWSKI MD, 125N.MAIN ST. BELAIR, MD 21014													
	31. DATE FILE (14 July, Oh)	VOWA		AR'S SIGNATURE	1	ID	11.	251	V.M.	AIN -	57: .	07	AIR	mp 2/014

	age
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. 6, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	- OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. ONECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE UF M.		RTIF	ICATE	OF I	ALIH DEAT	AND TH	MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	11.							2. DATE OF DEATN			3. TIME OF DEATN
	TOMMY	YAT	ES							2 g ,	YEAR	12.35 PM
	4. SOCIAL SECURITY NUMBER 223-26-2970	The state of the s	6. AGE (In yrs. lest	birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)			PLACE (State or Foreign
		1 🖾 M 2 🗌 F	00	YRS.					August 15.	1923	Vir	ginia
Œ	90. FACILITY NAME (If not institution, give s	1 1	7 774		9b. CITY,	01	1		EATN		INTY OF DE	
18	RESIDENCE OF DECEDENT	0 110	SPITAL			_//	WT	ON		PL	INCK	GREAR BRS
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OF	LOCATIO)N					10d. INSIDE CITY
4	Maryland Char	les		L	aPlat	a						LIMITS7 1 YES 2 X NO
FUNERAL	RR Cooksey Road					101. 2	ZIP CODE			10g. CIT	IZEN OF W	NAT COUNTRY?
N.	11. MARITAL STATUS	12 WHE DECEDENT	F1/50 111/10 1-1					546			U.S	S.A.
BY FL	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2X N	MED O	11	MS DECEI yes, spec YES 2	ify Cuba	n, Mexice	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	s or No—	14. RACE Black, Specifi	- American Indian, White, etc.
<u> </u>	15. DECEDENT'S EDU	CATION	16a. DEC	EDENT'S	USUAL OCC	CUPATION			16b, KIND OF BU	CINEOC (M)	DUETON	WIIICE
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Gh	re kind of a Do NOT us	work done du se retired.)	iring most	of workin	g	I SOUTH TO STORY	JINL 33/IN	DOSTRI	
MP	0			abore	er				п	inin	g	
	17. FATNER'S NAME (First, Middle, Last) Jim James Yates						18. MOTN	ER'S NA	ME (First, Middle, Maiden V Owens	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)								,			
2	anet Lynn Duker		19b.						Route Number, City or Tox			
	20e. METNOD OF DISPOSITION		20b. PLACE A					an i	Head, MD.		City or Tow	
	1 Donation 5 Other (Specify)	oval from State	Metro	natory or o	thar place)	rema	tor	v 8	31/91 Ale			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4001		22 11	AME AND				ZAGIIG	ııa,	VA.
	10/m 14	lau o	17001	15	J.I	H. El	berw	ein	Mortuary	LaP1a	ata.	MD. 20646
	23. PART I. Enter the diseases, or o	omplications that	aused the dea	th. Do r								Approximata
	MANAGE CALLOS (T)	Link Offiny Offin Cause	on sech lina.								· out,	Intervel Batwaan Onset and Death
	disease or condition resulting in death)	. GLic	BLA	ST	ont	A	0	F	BRA	in		3 MON.
	Onset and Death disease or condition resulting in death) Due to (or as a consequence of): Cerebral Was cular Accident.											
ON	Sequentially list conditions,	CERE	R AS A CONSEOL	C	x Va	SC	vla	u f	tecide	T	•	
EX.	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (O	H AS A CONSECU	JENCE OF	·):							
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQU	JENCE OF	7):							
CERTIFICATION	reaulting in deeth) LAST	l										!
	PART II. Other algnificent conditions	Contributing to de	eth but not re-	aulting I	n the und	arlulas s		han la l	n			
DICAL				autiting i	ii tire unu	arrying c	ause G	ven in	PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MED									1 □ YES 2	□ NO		OF OEATH?
ä									_			YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLAC	E OF DE	ATN (Che	ck only one)			
YSi	1 YES 2 NO	HOSPITAL: 1-1 Inpatient 2 E	R/Outpatient 3	DOA	OTHER: 4 Nursin	g Nome	5 🗆 Res	Idence	8 Other (Specify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF IN. (Month, Day,		28b. TIME INJ		Bc. INJUR WORK			28d. DESCRIBE NOW I	NJURY OCC	CURED	
B	2 Accident Investigation					1 YES	2 🗌	NO				
COMPLETED	3 Suicide 8 Could not be 4 Nomicide determined	building, etc	NJURY — At home: (Specify)	e, farm, s	treet, fectory	, office			28t. LOCATION (Street & City or Town, State)	and Number	or Rural Ro	ute Number,
7	29e. CERTIFIER (Check only one)	IAN: To the heat of my	knowledge deet		4 44 44 - 11							
MO	(Check only one) 2 MEDICAL EXAMINER	: On the basis of exam	ination end/or im	restigation	n, in my opir	nion, deat	n piace, i	d at the 1	to the cause(s) and mer	ner as stat	ed.	and manner or stated
	295. SIGNATURE AND TITLE OF CERTIFIER							ISE NUM				
38 6	Koush M	, Mai	ttn			5	12	F-3	52	DATE	& -	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO						, - (ر ر		_		3 11
		Q. Me	d. Cer	24	8, 4	Su	ite	21	3, Wa	Ido	Tr	end.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	nde 12			97.7				1	
	CFD 03 '91	eyena va	or ason -									

TO THE FUNES OF TO THE FUNES OF THE WITH THE PROPERTY OF THE P

THE SING PHYSIC CONTROL OF THE CONTR	JANT. The Taw requires that the death certificate be executed writing 24 mount of the remained by the mosphial or already.	unificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buniat-transit permit. Pages 1, 2. 3 should	now, appropriate the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	if 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CELLY After this certification death with the S	: The law regu	rate has been	tate Dept. of I	tem 23 sho
Am dea	G PHYSICIAN	er this certific	th with the S	larked, or i
	NOR	SCTOR AM	arm atter dea	H 28 is m

STATE OF MARYLAN		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.
0.0	417		2. DATE OF DEATH MONTH DAY

	1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH A		YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		4.10		2. DATE OF I		3. TIME OF DEATH			
ļ	THELMA 4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In)	ALD	UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF E	10 9	BIRTNPLACE (State or Foreign			
	245-56-5783	□ M 2 F	69 YRS. MO	THS DAYS HOURS	DAYS HOURS MIN. (Month, Dey, Year) 4-11-22 N.C.					
œ	9a. FACILITY NAME (If not institution, give street HARBOR HOSPIT)	•	96	BALTIMOR		9c. COUNTY	OF DEATH			
6	RESIDENCE OF DECEDENT	1.0								
E	MD 10a. STATE 10b. COUNTY			TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
7	10e. STREET AND NUMBER		DAL	101. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?			
ER/	2625 WATERVII	EW AVENUE		21	230	l	J.S.A.			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. 1	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	Maxican, Puerto Rica		. RACE — American Indian, Black, Whita, etc. Specify: BLACK			
	15. OECEDENT'S EDUCATI (Specify only highest grade com		6a. DECEDENT'S US	JAL OCCUPATION	16b. KIN	ND OF BUSINESS/INDUS	TRY			
COMPLETED	Elementary/Secondary (0-12) C	college (1-4 or 5+)		done during most of working tired.)						
MP	7 T H 17. FATNER'S NAME (First, Middle, Linst)		CUSTOD		R'S NAME (First, Midd	Ha & Saldan Cumama)				
8	HAYES FRAZIER			100	RY PARKE					
BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number o			ode)			
2	MARY CLARK		2625	WATERVIE	AVE./B	BALTIMORE	, MD 21230			
	20a. METNOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal	from State 20b. P	PLACE OF DISPOSITION (CONTROL OF PLACE)	ON (Name of cemetery, crema	lory or	20c. LOCATION — CIT				
	4 Donation 5 Other (Specify)		ALIA CE	MFTFRY 22. NAME AND ADDRESS	OF FACILITY	BEAUTIFO	ORD CO , N.C.			
	· Synette	1. C. Q	mbo	WM.C.MAR	CH F.H.,	/1101 E.	NORTH AVE.			
	23. PART i. Enter the disasses, or com shock, or heart fellure. List			antar tha moda of dyln	g, such as cardisc	or respiratory stres	t, Approximsta interval Batween			
	IMMEDIATE CAUSE (Final disease or condition	10.1.00	11.	11	\	10 .	Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) But to (or as a consequence of): Metastatic Adnocarcinoma with unknown Primary									
z					O() (i)(NOWN IN	mary			
TIO	Sequentially list conditions, if sny, leading to immediate	OUE TO (OR AS A C	CONSEQUENCE OF):							
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):							
CERTIFICATION	resulting in deeth) LAST									
2	PART II. Other significant conditions of	contributing to death but	t not resulting in	the underlying ceuse of	van in Part I. 24	In. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CAL	Mysertensi		•			PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
E I	Non insuli	n denor	ident "	Diabete	1	[] 163 * [] NO	OF DEATH? 1 ☐ YES 2 ☑ NO			
ž		9								
PHYSICIAN: MEDI		IOSPITAL:		26. PLACE OF OE	ATH (Check only one)					
HYS	1 YES 2 NO J	28a. DATE OF INJURY	tient 3 DOA 4	Nursing Nome 5 Res		ipecity)	RED.			
	Natural 5 Pending	(Month, Day, Year)	INJUR	Y WORK? M 1 YES 2	0.000 0.000					
D BY	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY building, atc. (Specifi	– At home, farm, stre	et, factory, office		ON (Street and Number of Town, State)	Rural Route Number,			
IE	4 Nomicide determined		,,							
COMPLETED	one)	N: To the best of my knowled								
00		on the bears of examination	and/or investigation,			Section Section 19	cause(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	HALLS	= CTA	-FE UOI	ASC ST	AFF > C	BIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO C				, 500	* / 1 1	11111			
	M - Pakel 31. DATE FILED (Month, Day, Year)	300 32. REGISTRAR'S SIGNAL		over Str	eet 7	Salt- M	10 SIS39			
	SEP 12 1991 Ju	la Davidson-Ras	ndell							

0.11

F.E.H.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

me with attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mental Hygiene prior to burial, cremation, or removal. the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law control of the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. or terms and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

	REGISTRAR		CERTIF	CATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) SHEILA	D.	BRY	ANT		2. DATE OF	DEATH DAY	1 9 9	3. TIME OF DEATH 1 22:25 M	
	4. SOCIAL SECURITY NUMBER 231-18-7936	5. SEX 8.	AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR		7. DATE OF (Month, D	BIRTH lay, Year)	8. BIR	THPLACE (State or Foreign ntry)	
	9a. FACILITY NAME (If not institution, give st		3 1 THU.				6-195		Md	
DIRECTOR	2461 DRUID HIL				OR LOCATION OF DE	.,		9c. COUNTY OF	DEATH	
S	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
L DIR	Md 10e. STREET AND NUMBER			timore					1 X YES 2 NO	
FUNERAL	2461 Druid Hill	Avenue			21217			U S	A A	
BY	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 X X40	II yes,	ECENDENT OF HISPAN specify Cuben, Mexical ES 2 X NO Specify	n, Puerto Rica	Specify Yea or in, etc.)	Bla	CE — American Indian, ck, White, etc. polity: Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during		16b. KI	ND OF BUSIN	IESS/INDUSTRY		
COME	12th 17. FATHER'S NAME (First, Middle, Last) Willie B. Bryant				18. MOTHER'S NA	ME (First, Midd	de, Maiden Su	mame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	loute Number,	City or Town, S	State, Zip Code)		
_	Robert Bonner		20b. PLACE AND DATE O	F OISPOSITION /		reet l		TION - City or		
	1 X Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		western	star Ce	metery	9791		onsvil		
	21. SIGNATURE OF THE RAL SERVICE LICE	ENSEE COLLAR		Ma	and address of fac rch F/H W 300 Waba	est				
	23. PART I. Enter the diseases, or c	omplications that co	sused the deeth. Do n			sh Ave	enue			
	ehock, or heart feiture. I	i	on each line.	Y LIVE			- Or reapmen	tory streat,	Approximets interval Between Onaat and Death	
ATION	Sequentially list conditions, If any, leeding to immediate ceuse. Enter UNDERLYING									
EDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
Ö	PART II. Other significent conditions	contributing to do	ath hut and a sale of							
		contributing to de	eth out not resulting in	the underly	ng cause given in I		PERFORME	D?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	of the course of									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	VOutpatient 3 DOA	OTHER:	me 5 X Residence		nacíh.)			
	27. MANNER OF DEATH 1 Netural	28e. DATE OF INJ (Month, Day, 1	URY 28b, TIME	OF 28c. II	JURY AT ORK? YES 2 NO			JRY OCCUREO		
red BY	2 Accident 3 Suicide 8 Could not be datermined	28e. PLACE OF IN- building, etc.	JURY — At home, lerm, st (Specify)			281. LOCATIO	ON (Street end own, State)	Number or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, daeth occurred	f at the time, da	le and place, and due t	to the cause(s	and manner	r as stated.		
	2 M MEDICAL EXAMINER		menon end/or investigation	, in my opinion,			place, and d	lue to the cause	s) and manner as stated.	
TO BE	29b. IGNATURE AND TITLE OF CERTIFIER	bull			O. C.				(Month, Day, Year) T 31,1991	
	30. NAME AND ADDRESS OF PERSON WHO	. Volon	111		STREET	BALT	IMORE	E,MARY	LAND 21201	
	SEP 1 2 1991	Julia Davido	SIGNATURE ON-AMARIL							

A rainer

DHMH-18 Ray 1/89

Ö	certifi
South	
REC	requir
AL	The law
DIVISION OF VITAL	PHYSICIAN:
VISION	AL OR ATTENDING PH
5	L OR
	TO THE HOSPITAL
	王
	H

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) RUFUS			\	OZSOM	2. DATE OF C		YEAR 9 1	3. TIME OF DEATH 1:47 PM	
	4. SOCIAL SECURITY NUMBER 251-56-6719	1 X M 2 □ F 55	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8			HPLACE (State or Foreign	
TOR	9a. FACILITY NAME (N not institution, give 2906 REISTERST	street and number) COWNRD, APT	1.110	96. CITY, TOWN O	MORE C	DEATH		INTY OF C		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		r, TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 2906 Reisterstov	wn Road		101.	21P CODE 21215			US /	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 M Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, spe	ENDENT OF HISPA polity Cuban, Maxic 2 XNO Spec	an, Puarto Rican	pecify Yea or No	14. RACI	E — American Indian, k, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	JCATION e completed) Collega (1-4 or 5+)		USUAL OCCUPATIO vork done during mos e retired.)		16b, KINI	D OF BUSINESS/INI	DUSTRY		
	W N/A									
5	Carolina Jackson 190. Mailing Address (Street and Number or Plural Route Number, City or Town, State, Zip Code) 4306 Reisterstown Road Baltimore, Md 21215									
	20e. METHOD OF DISPOSITION 1	noval from Stata cem	VOSTIET 1	Mem Ceme	etery	91191	Baltimo			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue									
	IMMEDIATE CAUSE (Final	a. ATHETOS CA	ach line.	CAMOLO	de of dying, aud	ch as cardiec	or reepiratory ar		Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	b DUE TO (OR AS A	CONSEQUENCE OF):						
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
CAL	PART II. Other algoliticent condition	a contributing to death be	ut not resulting in	the underlying	cause given in		WAS AN AUTOPSY PERFORMED?	100	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
AN: MEDI						- tru	HES 2000		OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	CE OF DEATH (CI					
НХ	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b, TIME		RY AT		cify) E HOW INJURY OCC	CURED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJŪ	JRY WOR	K? ES 2 NO		- 11011 1110111 001	SUILED		
8	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Speci	— Al homa, farm, sti	reat, factory, office		281. LOCATION City or Tow	(Street and Number m, State)	or Rural R	oute Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED	CIAN: To the best of my knowlers: On the basis of examination	edge, death occurred and/or investigation	d at the time, data a	ind place, and due	to the cause(a)	and manner as atat	ed. e cause(a)	and manner as stated.	
TO BE C	296. DIGNATURE AND TITLE OF CERTIFIES	there o	m.		O.C.M		29d. DATE ▶AU	GUS!	(Month, Day, Year) T 31,1991	
	30. NAME AND ADDRESS OF PERSON WHO	0.160m	111 PI	Print) ENN ST.	BALTI	MORE,	MD. 212	01		
	SEP 12 1991	Julia Davidson-No	ndell							

The real factors

BALTIMORE, MARYLAND 21215-0020

notified at

9

must

examiner

medical

event, the

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

ဥ

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 STATE REGISTRAR		STATE OF	MARYLAND /	DEPAR ERTIF	RTMEN'	T OF I	HEALTH DEAT	AND TH	MENTAL HYGIEN		1	24836
1. DECEDENT'S NAME (F	irsi, Middle, Lasi)								2. DATE OF DEATN			3. TIME OF DEATN
CH	ANCIE	CRAWFORD)						MONTH DA	Y	YEAR	1555
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthda 248-34-3134 1 □ M 2 □ F 65 YRS				t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/2:/25	8. BIRT Coun	S.C.	
St. Agnes Hospital										c. COUNTY OF DEATH		
RESIDENCE OF D	10b. COUNT	· V										
MD	ios. cooki			10c. CI1	TY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBE	R					10	. ZIP CODI	E		10g. CIT	IZEN OF	WHAT COUNTRY?
114	North	Kossuth	Street	Ba1	timo	re.	MD	21	229		USA	
11. MARITAL STATUS	Married		YT, EVER IN U.S. ARI I # YES 2 N MAR OR DATES,	MED IO	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No-	14, RAC Blec Spec	E — American Indian, ik, White, atc.

BY FUNERAL DIRECTOR COMPLETED DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Retired U.S. Postal Service 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Crawford Willie Crawford Roxanne BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan Johnson 50 S. Morley St. Balto. Md. 21229 20g. METNOD OF DISPOSITION
1.1 Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 208. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City or Town, State DATE Garrison Forest 9/12/91 Owings Mills, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY V Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 23. PART I. Enter-the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) lantemortem blood cultures () for E. coli days DUE TO (OR AS A 18 DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Fatty liver (clinical bx of chronic alcoholism) AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? PITAL t YES 2 NO OTHER: patient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DEȘCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D41843 9-9-91 30. NAME AND ADDRESS OF PERSON COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

REED, AGNES HOSPITAL PATH, DEPT 900 S. 31. DATE FILED (Month, Day, Year)

09/09 895P 1991

32. REGISTRAR'S SIGNATURE

Juha Davidson

10000

. . .

military management of the state of the stat

and the second of the second o

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The second and the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate in the committee by the attending physician and completely filled in by the funeral director, page 5 should be detached.	mtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The Two Inclines that the	TO THE FUNERAL DIRECTOR: After this certificate the terminant by	be filed within 72 hours after death with the State Orw or Harth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any in

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATI		MENTAL HYGI REG.		24001		
1. DECEDENT'S NAME (First, Middle, Li	EDWARD J.	DASCH		2. DATE OF DEAT		3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 215-10-7713 9. FACILITY NAME (If not institution, g	1 ⊠ M 2 □ F	79 YRS. MONTHS	DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Yea 10-18-	(1)	BIRTHPLACE (State or Foreign Country) ARYLAND OF OEATH		
635 LINWOOD A		BA	ALTIMORE					
RESIDENCE OF DECEDENT 10a, STATE 10b, COL		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY		
MARYLAND		BALTIN				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
10s. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
635 S. LINWO			21224		USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 ☐ YES 2 🂢 NO Spec	an, Puerlo Rican, etc.	-)	RACE — American Indian, Black, White, etc. Specify: HITE		
15. DECEOENT'S (Specify only highest g	EDUCATION trade completed)	18e. DECEOENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF	BUSINESS/INDUST	RY		
Elementery/Secondery (0-12) 8 YEARS	College (1-4 or 5+)	California San San California		CUD	ADV 05			
17. FATHER'S NAME (First, Middle, Lest	l	MAINTENA		AME (First, Middle, Mi		FATIMA		
	DASCH		MARY	?				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rura	Route Number, City of	r Town, State, Zip Co.	(a)		
MRS IRENE M. E		6531 HIL	LTOP AVEN	UE BALT	O. MD.	21206		
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 1	Removal from State 20b	ACRED HEAR	POSITION (Name	PATE CO	C. LOCATION — City	or Town, State		
4 Donation 5 Other (Specify) .	E LICENSÉE	ACKED HEAF	NAME AND ADDRESS OF F	S ICEM (D)	ALIU. C	U. MD.		
23. PART I. Exter the diseases, or compile flows that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List offly one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR-AS A CONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of):							
	her algnificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Life Lif							
25. WAS CASE REFERRED TO MEDICA EXAMINER?			26. PLACE OF DEATH (C	Check only one)				
1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	oatlent 3 DOA 4 No	R: rsing Home 5 & Residence	8 Cher (Specify)			
27. MANNER OF DEATH 1 Netural 8 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE H	OW INJURY OCCUR	EO		
2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine	t be 28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, street, fa		281. LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,		
one)	HYSICIAN: To the best of my know MINER: On the basis of examination					ouse(s) and manner ee state		
29b. SIGNATURE AND TITLE OF CERT	TIER UN OT	1 from 1	29c. LICENSE N	UMBER	29d. DATE S	GNED (Month, Day, Year)		
	I wan the		D111	50		9-9-91		
	Torres, M.D.	441 S. Elly	wood Ave. Bal	timore, Mo	1. 21224			
31. DATE FILEO (Month, Day, Year) SEP 1 2 1991	Jan. REGISTRAR'S SIGN	Pandelle Pandelle						

TRACE TO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	irial, cremation, or removal.	ic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending phy	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN	9 I	24030
	DECEDENT'S NAME (First, Middle, Lest) MART		EADES			2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER				1	7. DATE OF BIRTH		
	212-26-3815	1 - M 2/- F	E (In yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) 10/2/12		MRTHPLACE (State or Foreign ountry) MD a
_	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH	
6	UNION MEMORIAL	HOSPITAL		BALTIMO	RE CITY			
IREC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	гү		TY, TOWN OR LOCA				10d. INSIDE CITY
	Md. 100. STREET AND NUMBER			altimore	of, ZIP CODE		T 10. 01717771	1 th YES 2 NO
IERA		Homestead S	t.		2121	8	10g. CITIZEN	USA
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s		NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: T. American
	15. DECEDENT'S ED	UCATION	18a, DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU		
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during m		, ios tino oi so	311123711120311	
COME	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
BE	Harry	Chase			M	amie C	hase	
10	19a. INFORMANT'S NAME (Type/Print) Norita	Wallace				Route Number, City or Tow Balto. Md.		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Res		20b. PLACE AND DAT of cemejary, cremator Westers	E OF DISPOSITION	N (Name	DATE 20c. LO	CATION — City	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE L		Wester		9/11/		atonsvi	lle, Md.
	Leal a	Later	1	Est	ep Broth	ers Funera w Pl. Balt	1 Home	P.A. 21217
	23. PART I Enter the diseases, or abook, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. COPD			ode of dying, suc	ch as cardiac or resp	iratory arrest,	Approximate interval Between Onset and Death
NOIT	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE (DF):				
빙		0.						
ICAL	PART II. Other significant condition	one contributing to deat	h but not resulting	in the underlying	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	<u> </u>							OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C)	heck only one)		
Si	1 YES 2 NO	1 Tripatient 2 ER/C	Outpatient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJU! (Month, Day, Yea		IJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	280 PVACE OF INJ	JRY — At home, farm, Specify)	street, factory, off	Ica	28f. LOCATION (Street City or Town, State		tural Route Number,
COMPLETED	one)	SICIAN: To the best of my kr						ruse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF		M		29c LICENSE NU			GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W				EIII	DI D	LIJAK	121210
	les House	MULTIN	Marro 219	1 201	E Unil	1 KNY Pa	14100	121218

Union Man 32. REGISTRAR'S SIGNATURE Davidson-Randelle

31. DATE FILED (Month, Day, Year) SEP 12 1991

DHMH-18 Rev 1/89

91 11 133

II....

327 (331 F.H. ...

×

1-

3. TIME OF DEATH

10d. INSIDE CITY

U.S.A.

specify: White

1 TYES 2 NO

27234

hours

Approximate interval Between

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 - YES 2 000

Onset and Death

Virginia

REG. NO.

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

1 -

DIVISION OF	OF VITAL RECORDS, P.O. BOX 13146,	REC	E	S	<u>a.</u>	o.	m	č	2	46	. 1

James W. Edwards 9-8-1991 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)

1 -16-1 B. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 223-14-2205A 78 1 M 2 F YRS. 97 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2727 Jefferson St. DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION Md. Baltimore permit. 10a STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2727 Jefferson St. 21205 burial-transit hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 M NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 🖾 Widowed 4 🗌 Divorced filled in by the funeral director, page 5 should be detached for use as the I COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Forklift Operator Bethleem Steel once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) A hours after death. Page 6 may be retained by the Charles W. Edwards notified at Grace Carroll BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Is. Jackie Hernandez Jefferson St. Balto., Md. 21205 must be 20s. METHOD OF DISPOSITION
1 Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | D 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Holly Hills Cemetery Ralto medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harford Rd. Balto... 23. PART I/Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line 6 IMMEDIATE CAUSE (Fine) prior to burial, cremation, the disease or condition resulting in death) MASSING G Z
DUE TO (OR AS A CONSEQUENCE OF): bleedin completely event, Dentic were
TO (OP AS A CONSEQUENCE OF) traumatic CERTIFICATION and Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury attending physician Tem INC 2 or other that initiated events resulting in death) LAST the attent PART ii. Other aignificant conditions contributing to death-but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Health and any theare shows any 1 TYES 2 D NO peen Dept. of PHYSICIAN: S has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem State certificate HOSPITAL: OTHER 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Nasidence 5 Other (Specify) 4 Nure 6 the 27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED with t marked, 1 🔲 Netural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 100 6 Could not be DIRECTOR: A COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL (FUNERAL I TO THE FLO. De filed within IMPORTANT. II = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 295. SIGNATURE AND TITLE DE CENTRE 29d. DATE SIGNED (Month, Day, Year BE D1769 MD. 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON

38. REGISTRAR'S SIGNATURE Juna Daydson-Randell

1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

8	1
.O. B	4.4
۵	1
10	1
	b
9	1
RECC	
ď	
7	-
/ITAL	F
5	10.00
OF VI	01001
	2
ō	200
ISION	200
>	100
DIV	5
	The state of the s

	1 - STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL HYGIENE 91 24840
	REGISTRAR CERTIFICATE 1. DECEDENT'S NAME (First, Middle, Leat)	E OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH
	Mary E Emory	MONTH DAY YEAR 4:15 P
	3. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In viz. lest birthday) IF UNDER VRS. MONTHE	1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Country) 8. BIRTHPLACE (State or Foreign
7 "	96. FACILITY NAME (# not institution, give street end number) 96. CITY	TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY_TOWN C	It imore IN Baltimore
	Md Baltimore Ba	HUSTON 100 100 100 100 100 100 100 100 100 10
FUNERAL	1618 Harlem ave	101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. 1 Never Married 2 Merried FORCES? 1 YES 2 NO	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— If yes, specify Cuban, Mexicen, Pusrto Rican, etc.) 14. RACE — American Indian, Black, White, etc.
ED BY	Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 YES 2 NO Specify: Spec Black
ETE.	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Do NOT use refired.)	during most of working
once.	17. FATHER'S NAME (Figst, Migholo, Last)	
111 m	UN Known	18. MOTHER'S NAME (First Middle, Melden Surmanie)
TO TO	196, INFORMANT'S NAME (Type/Print) CONK 19b. MAILING ADDRESS	(Street end Number or Rural Route Number, City or Town, State, Zip Code)
must be	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOS cemetery, cleristicity of other place)	ITION /Name of 20c. LOCATION — City or Town, State
	21. SIGNATURE STUNERAL BERNICE LESSEE	MANUE AND ADDRESS OF EACILITY
examiner	*// Blown	VIII am C. Brown Community F.
medical	 PART I. Enter the diseases, pr complicatione that ceused the deeth. Do not enter ehock, or heert fellure. Liet only one cause on each line. 	the mode of dying, such ea cardiec or reepiratory errest, Approximete intervel Between
the the	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	cular Accident 3day
6	DUE TO (OR AS A CONSEQUENCE OF):	300
cation cation	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING	
5 H	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
lury, or oth	resulting in death) LAST	
3 shows any inju	PART II. Other eignificent conditions contributing to death but not resulting in the un-	PERFORMED?, AMAILABLE PRIOR TO
shows any in : MEDICAL		1 VES 2 NO DF DEATH?
N A	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)
or item		
P de	27. MANNER OF DEATH 1 Neturel 5 Pending (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. IRJURY AT WORK? 1 YES 2 NO
S C	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide 8 Could not be determined	Ory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)
item PLE	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the til	me data and place and due to the annuals and
3 = 1 = 1	one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my or	pinion, death occured at the time, date end piece, end due to the cause(s) end manner ee stated
BE BE	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
	1.4100 000.	
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	9/9/9/
TO		Vsteam 725. Greene St. R.H.

OHMH-16 Rev 1/89

published the SUPPLIED TO THE PROPERTY OF TH and the second s A. S J. 13.3

FOR

TO THE HOSPITAL OR ATTENDIAL THE IAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION OF the definition of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. INTERN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF					MENTA	REG. NO.	<u> </u>	21	1841
1. DECEDENT'S NAME (First, Middle, La ALVIN A. HY)							2. DATE MONT	OF OEATH	ĭ1 ¾	3.1	11 am
4. SOCIAL SECURITY NUMBER 165-16-9517	1 □ M 2 □ F 7	(In yrs. last birthday) YRS.		DAYS	IF UNDER	MIN.	(Mont)	of BIRTH b, Day, Year) 3 5 20	I	Country)	ce (State or Foreign
90. FACILITY NAME (If not institution, git 3002 Fairview 1	Rd.		Balt		re	ON OF DE	ATH		9c. COUNTY Baltin		1
10a. STATE 10b. COL			ry, town of Baltin								I. INSIDE CITY LIMITS? YES 2 🖔 NO
3002 Fairview	Rd.			101.	ZIP CODE	212	.07		10g. CITIZEN USA	OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIYE WAR OR WW 2	IN U.S. ARMED B 2 NO DATES	10	yes, spe		n, Mexicar	n, Puerto	i? (Specify Yes Rican, atc.)	or No— 14.	RACE — . Black, WI Specify:	American Indian, nite, etc. White
15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S (Give kind of life. Do NOT	work done du ise retired.)	CUPATIO uring mos	ON st of workin	9		. KIND OF BU	SINESS/INOUS	TRY	
17. FATHER'S NAME (First, Middle, Lest) Louis Charles								Middle, Maiden denbet			
19a. Informant's name (TyperPrint) Dr. Rona Hyman									n, State, Zip Co MD 2120		
20s. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	COL PLACE AND OAT OF COMMENTS	y or other pla	ace)			9/		cation — city timore		
21. SIGNATURE OF FUNERAL SERVICE Michael	Marnulli	5	Не	ebre		mori	lal I		l Home Balt		
23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. My	ed the death. Do each lina.						diac or reep	iratory arrest	•	Approximate interval Batwee Onset and Daat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Crons	A CONSEQUENCE	Infaction E OP: Discor								
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):								
PART II. Other aignificent condi		but not resulting	in the und	derlying	g cause (ylven in	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	L HOSPITAL:				ACE OF D	EATH (Ch	eck only o	ne)		<u></u>	
1 U YES 2 NO	1 Inpetient 2 ER/O		_		5 KR	sidence	_		INJURY OCCUP	-	
1 Natural 5 Pending 2 Accident Investigat	(Month, Day, Ybar)	JURY M	1 🗆 1	YES 2] NO	28Q. DE	SCRIBE HOW		IEO	
3 Suicide 6 Could not		RY — At home, farm pecify)	, street, facto	ory, effic	•		261. LOI City	CATION (Street or Town, State	and Number or)	Rural Rout	Number,
Torroom only	HYSICIAN: To the best of my known MINER: On the basis of examinat									ause(a) an	d menner as stated.
296. SIGNATURE AND TITLE OF CERT	the mo				1	-	MBER 744	7	29d. DATE S	12/9	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON			NODLE d Squar		M.D.						/
SEP 12	1991 Sulia Da	CHATURE 4 PORT	grd Av								

Baltimore, Maryland 21208

FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial and the burial production of the produc
De med writin /2 frous after beaut with the State begin, or regard any montain through the medical examiner must be notified at once.

	REGISTRAR	CERTIFIC	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S HAME (First, Middle Land) Aleta	J.	Jones		2. DATE OF DE	DAY O 9	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIT (Month) Day,	174 S	8. BIRTHPLI Country) MI	ACE (State or Foreign	
N.	96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH Baltimore								
5	IN IDENCE OF DECEDENT								
	10b. COUNTY	10c. CITY,	TOWN OR LOCATE	DN			10	d. INSIDE CITY LIMITS?	
L DIRECTOR				re		10- 0-	₩E YES 2 HO		
FUNERAL	100. STREET AND NUMBER 7236 Jimrowe Ct.			10f. ZIP CODE 21237			109. CITIZEN OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 HO Specify:			Black, V Specify:	American Indien, with atc. American	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mos		16b. KIND	OF BUSINESS/IP	IDUSTRY		
	17. FATHER'S HAME (First, Middle, Lest) Willis Chestnut			18. MOTHER'S HAM Mar		Meiden Surneme) Gaines		ш	
TO BE	19e. INFORMANT'S NAME (Type/Print) Donna I. Coleman			d Number or Rural Ro Jert ST.				d. 21202	
	1 Buriel 2/F Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ACE OF DISPOSIT her place) letro Cr	ematory	9/13/		20c. LOCATION - Catons			
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	20	Es	paddress of faci tep Broth 1300 Eute	ers Fu				
	23. PART I. Sales the diseases, or complications that caused shock, or heart failure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death)	Ilne.		ie of dylng, such	aa cardiac o	or reapiratory a	irreat,	Approximate Interval Batween Onset and Death	
N	DUE TO (OR AS A CO								
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C. C. C. C. C. C. C. C. C. C. C. C. C.						2 mos		
CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Carcinoma Ereast 144								
DICAL						WAS AN AUTOPS PERFORMED?	Č.	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MED	O' SCATTI						YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)									
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Residence 6 Fother (Specify) HOSP (C.S.)								
ВУ РН	27. MANNER OF DEATH 1 Actural 5 Pending 2 Accident Investigation	28b. TIME INJU	M 1 D	28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO					
					iber or Rural Route Number,				
Success Succ									
TO BE	206. SIGNATURE AND TITLE OF PERTIFIER) WHILE OF ESTIMATION WITH THE PROPERTY OF THE PROPERTY	296. SIGNATURE AND TITLE OF SERTIFIED 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, 190a) 9-9-91					Aonth, Day, Year)		
Ē	Robert C. Irwin M.D. 828 N. Eutawst. Packed Md 21201								
	31. DATE FILED (MONTH, Day, Your) SEP 1 2 1991 Julia Savidson-Ran								
	17								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. H V. 9 1.1 m 1.7 f 1 m m 13

examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp

	1 - STATE OF MARYLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (FIRST, MICHIGA LAST) SAMUEL H. JUBILEE	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH OP OP 1991 3. 15 A M						
	214-10-0034 XM2 F 91 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	A HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) Md					
TOR		TOWN OR LOCATION OF DEATH SC. COUNTY OF DEATH ALTIMORE						
FUNERAL DIRECTOR	10a. STATE Md 10b. COUNTY 10c. CITY, TOWN Baly			10d. INSIDE CITY LIMITS? 1 X YES 2 \(\triangle \triangl				
NERAL	2525 W. Belvedere Ave	101. ZIP COOE 2/2/	5 109.	10g. CITIZEN OF WHAT COUNTRY?				
В	1 Never Married 2 Married FORCES? 1 YES 2 NO	WAS DECENOENT OF HISPA If yes, specify Cuban, Maxic. 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, atc. Specify: Back				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Specindary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY							
BE CO	17. FATHER'S NAME (First, Middle, Last) Samuel Tubilee	Aire	AME (First, Middle, Malden Surnar EY Smi H)				
2	DEVETTEN M.D. SINAI	S (Street and Number or Rural HOSP 1 TAL	Roule Number, City or Town, State BALTIMOR					
	20a, METHOD OF DISPOSITION 1 A Burfel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	5 Ken Cer	0 . /	Onsulle, M				
	21. SIGNATURE OF FUNERAL SERVICE LICENSIER 22.	mame and address of fa	4. West 4310 West	ach Ave				
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory erreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a conseduence of):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
CERTIF	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF): resulting in death) LAST							
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. RENAL FAILURE 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 249. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Modified 2 FR/Outpetlant 1 DOA 4 No. 1							
BY PHYS	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nun 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nun 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M	2aa. DATE OF INJURY (Month, Day, Year) 2ab. TIME OF INJURY WORK? 2ad. INJURY AT WORK? 2ad. DESCRIBE HOW INJURY OCCUREO						
	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, fact building, etc. (Specify)	ory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER DEVECTEN M.D.	SINA 1	JOUSESTAF >	DATE SIGNED (Month, Day, Year) 09 09 1991				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print) DEVETTEN M.D.							
	31. DATE FILEO (MONTH, Day, 1961) SEP. 12 1991 Suha Davidson-Randelle							

A Sign of the first section of the first of

_ 1-410 h

the state of the s

ALLEGO FOLDS I LISTS WEDGE TO THE TO A PROPERTY OF I

 $\chi = \chi$

PARTY TO THE REAL PROPERTY AND ADDRESS OF THE PARTY.

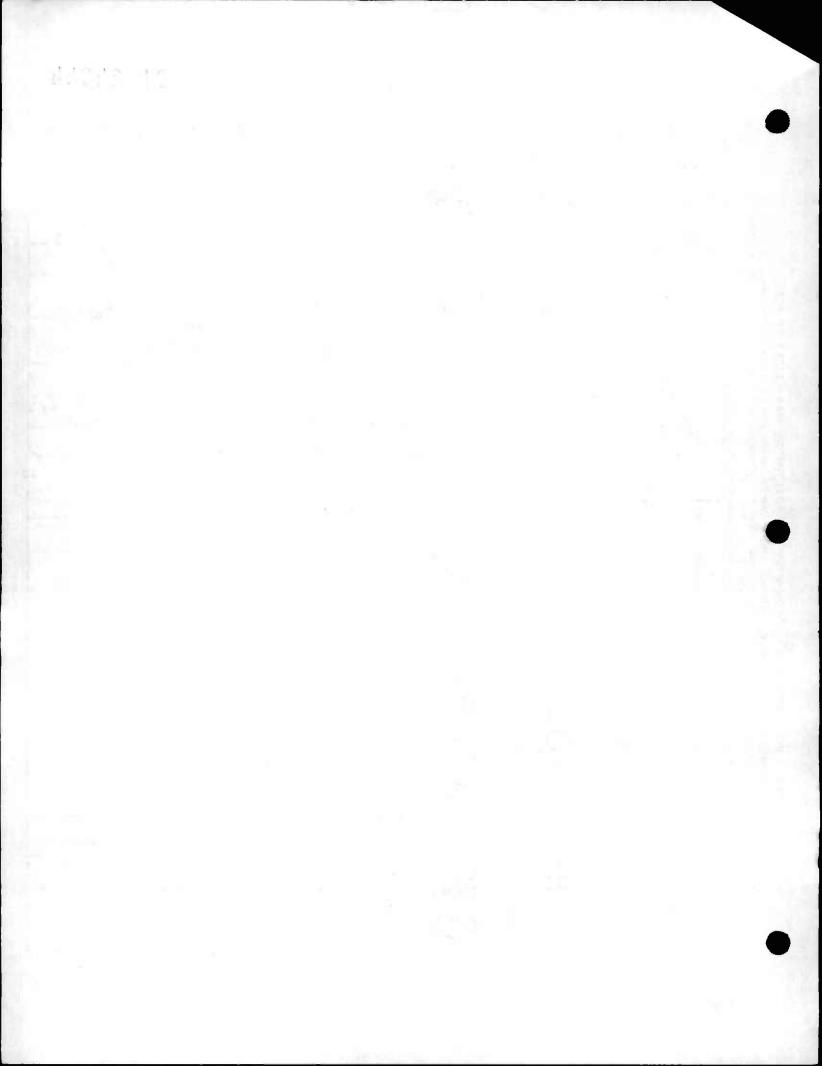
making and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the print to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law mouthers that the description to THE FUNERAL DIRECTOR. After this certificate has been signed by the carried be filed within 72 hours after death with the State Deep of Health and Mental Hospital.

DECEDENT'S NAME (First, Middle, Last)	JOHNS	SO N			2. DATE OF DEAT		3. TIME OF DEATH	
I. SOCIAL SECURITY NUMBER	5 SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		BIRTHPLACE (State or Foreign	
113-32-0711	1 M 2 F	JJ YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Ye	235 /	nalli baro	
a. FACILITY NAME (If not institution, give	street end number)	1	9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COUNTY	OF DEATN	
LIBERTY MEDICAL CENTER BALTIMITE								
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
IGO. STREET AND NUMBER	v. 1	1	10	of, ZIP CODE	-	Me CITIZEN	OF WHAT COUNTRY?	
1515 N. G	Ilmar	57		2/2	17	11	SA	
1. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARMED	13, WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Speci	fy Yee or No 14.	RACE — American Indian,	
11. MARITAL STATUS 12. WAS DECEDENT'EVERTIN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- 16. RACE — American Indian, 17. White, stc. 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- 19. Was DECENDENT OF HISPA								
Widowed 4 Divorced	11-23-5		56	7			BACK	
15. DECEDENT'S EO (Specify only highest grad		(Give kind or	S USUAL OCCUPATE		16b, KIND O	F BUSINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) lile. Do NOT	Serviced.)	~	Roper	70 05	Enuration	
		200	eruisi	_	DOM	0 1	200411161	
7. FATHER'S NAME (First, Middle, Last)	T=6 = 0			16. MOTHER'S N	AME (First, Middle, M		h-0	
Inomas	2011	1		WIII	AP	OHNS	5.15	
PO DA SEL	TOHIS	196. MAILIN	ADDRESS (Street	and Number of Rural	Route Number, City	or Town, State, Zip Co	NA TO	
De. METHOD OF DISPOSITION		20b. PLACE AND DA	CHILTE.	9/1	PAIS	oc. LOCATION — City	KAIGIUSE	
Buriel 2 Cremetion 3 Rei	moval from State	of cemetary, cremato	ry or other place)	Mart C	DATE 20	ALL SILLS	Mille M	
	ICENSEE/	- GAMISON		NO ADDRESS OF E	ACILITY	130	124	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 638 N. GINOR								
The same	dus	1	/	- 11	~/,	634	J. Or Mor	
· ageray	grain	is	LEI	34 NATI	75 F.H.	BAL	ENER MD	
23. PART I. Enter the diseases, or shock, or heart failure			not enter the m	ode of dying, au	ns F. H.	BALV respiretory arreat		
ahock, or heart failure IMMEDIATE CAUSE (Final			not enter the m	ode of dying, au	ns F.H.	BAL respiretory arrest	interval Betw	
ahock, or heart failure	. List only one car	use on sech line.		By HAND odd of dying, aus	ns F.H.	BALI respiratory arrest	interval Betw	
ahock, or heart fellure iMMEDIATE CAUSE (Final disease or condition	a. CAN	RD () PUM (O) OR AS A CONSEQUENCE	NARY /	JAREST		BALL respiretory arreal	Approximata interval Betwo	
ahock, or heart feilure	a. CAN DUE TO	RDIO PUMIO O ORAS A CONSEQUENCE CAYCLING	NARY /	JAREST	ns F.H. ch as cerdlec or pheylus.	BALL respiretory arread	interval Betw	
ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, If any, leading to immediate	a. CAN DUE TO	RD () PUM (O) OR AS A CONSEQUENCE	NARY /	JAREST		BAIN respiratory arreal	interval Betw	
ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. CAN DUE TO DUE TO C. DUT	COLORAS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	NARY) OF: a- P	JAREST		BAIN respiratory arread	interval Betw	
ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	a. CAN DUE TO DUE TO C. DUT	O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE	NARY DOFF.	JAREST		BA/Arespiratory arrest	interval Betw	
ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CAN DUE TO DUE TO C. DUT	O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE	NARY) OF: a- P	JAREST		BA/v	interval Betw	
ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CAN DUE TO B. DUE TO C. DUE TO C. DUE TO	CANCING O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	NARY) OFF: OFF: edias tu	Appetson	cheglis.	AS AN AUTOPSY	Interval Betw Onset and Da	
ahock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentlelly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CAN DUE TO B. DUE TO C. DUE TO C. DUE TO	CANCING O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	NARY) OFF: OFF: edias tu	Appetson	Cester 240. WPI		24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUS	
ahock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentlelly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CAN DUE TO B. DUE TO C. DUE TO C. DUE TO	CANCING O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	NARY) OFF: OFF: edias tu	Appetson	Cester 240. WPI	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDI	
ahock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentlelly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CAN DUE TO B. DUE TO C. DUE TO C. DUE TO	CANCING O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	NARY) OFF: OFF: edias tu	Appetson	Cester 240. WPI	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAUS	
ahock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other alignificant conditions 25. WAS CASE REFERRED TO MEDICAL	a. CAN DUE TO b. DUE TO C. DUT DUE TO d. DUE TO	CANCING O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	OFF: OFF: OFF: OFF: OFF: Edisy tu	Appetson	listen	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAUS	
ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificant condition	a. CAN DUE TO b. DUE TO c. PUT OUE TO d. HOSPITAL:	CANCING O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	OF: OF: OF: OF: OF: OF: OF: OF: OF: OF:	SARTST OCIO NUMBER J Mul Ing couse given in	pheylus. Listen Part i. 24a. W Pi 1 U Check only one)	AS AN AUTOPSY ERFORMED? (ES 2	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS	
ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other alignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH	a. Due To b. Due To c. Due To d. Due To d. HOSPITAL: 1 Inpetient 2 280. DATE OI	USE ON BECH IND. RD () PUM () OOR AS A CONSEQUENCE () OOR AS A CONSEQUENCE () OOR AS A CONSEQUENCE () O death but not resulting () O death but not resulting () OOR AS A CONSEQUENCE () O death but not resulting () OOR AS A CONSEQUENCE () O DO DO DO DO DO DO DO DO DO DO DO DO D	OFP: OFP:	JACE OF DEATH (C	Dheylus. Listen 1 Part I. 24a. W Pl 1 V Theck only one) 8 0 Other (Specific	AS AN AUTOPSY ERFORMED? (ES 2	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
ahock, or heart feilure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending	a. Due To b. Due To c. Due To d. Due To d. Due To d. Due To d. Due To Du	USE ON BECH IND. RD () PUM () OOR AS A CONSEQUENCE () OOR AS A CONSEQUENCE () OOR AS A CONSEQUENCE () O death but not resulting () O death but not resulting () OOR AS A CONSEQUENCE () O death but not resulting () OOR AS A CONSEQUENCE () O DO DO DO DO DO DO DO DO DO DO DO DO D	OF): OF): OF): OF): OF): OTHER: 4 Nursing Ho IME OF 28c. IN NURY W W	SARTST OCIO NUMBER J MA Ing couse given in	Dheylus. Listen 1 Part I. 24a. W Pl 1 V Theck only one) 8 0 Other (Specific	AS AN AUTOPSY ERFORMED? (ES 2 LINO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
ahock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	a. CAN DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 280. PLACE (2	DO COR AS A CONSEQUENCE O (OR AS A CONSEQUENC	OF): OF): OF): OF): OF): Ediasy fur g in the underlying The underlying OTHER: A Nursing Ho NURY M 1	SARTST OCIO PLACE OF DEATH (C THE S Residence AUGRY AT ORK? YES 2 NO	Dheylos	AS AN AUTOPSY ERFORMED? (ES 2 LINO	24b. WERE AUTOPSY FINDI AWALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
ahock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other alignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	a. CAN DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 280. PLACE (2	DO COR AS A CONSEQUENCE CAYCLAC O COR AS A CONSEQUENCE CORRECTION O COR AS A CONSEQUENCE CORRECTION O CORRECT	OF): OF): OF): OF): OF): Ediasy fur g in the underlying The underlying OTHER: A Nursing Ho NURY M 1	SARTST OCIO PLACE OF DEATH (C THE S Residence AUGRY AT ORK? YES 2 NO	n Part I. 24a. W PI 1 V V V V V V V V V V V V V V V V V V	AS AN AUTOPSY ERFORMED? (ES 2 LINO	24b. WERE AUTOPSY FINDI AWALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
ahock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LATO 27. MANNER OF DEATH 1 Actident 3 Suicide 8 Could not be determined 20. CERTIFIER 1 EXTIFYING DAY	a. CAN DUE TO b. DUE TO c. DUT d. DUE TO d. DUE TO d. DUE TO DUE	DO COR AS A CONSEQUENCE O (OR AS A CONSEQUENC	OF): OF): OF): OF): Correction of the underlying of the underl	A OCTO PLACE OF DEATH (CO TOURY AT ORKY VES 2 NO NO NO NO NO NO NO NO NO NO	Theck only one) 28d. DESCRIBE (City or Town,	AS AN AUTOPSY ERFORMED? (ES 2 LINO Y) HOW INJURY OCCUP Street and Number or State)	24b. WERE AUTOPSY FINDI AWALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
ahock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LHO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28. CERTIFIER 4 Could not be 4 Homicide 8 Could not be 4 Homicide CERTIFYING PHY Check only 1 CERTIFYING PHY	a. CANDUE TO DUE	DO COR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE CONSEQUEN	OF): OF): OF): OF): OF): All Properties OTHER: 4 Nursing Ho IME OF NJURY M 1 1, street, factory, offi	A OCIO PLACE OF DEATH (COMPANY AT NORKY I YES 2 NO Note The and place, and do	n Part i. 24a. W Pi 1 V V V V V V V V V V V V V V V V V V	AS AN AUTOPSY ERFORMED? YES 2 LINO Street and Number or State)	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
ahock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LHO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28. CERTIFIER 4 Could not be 4 Homicide 8 Could not be 4 Homicide CERTIFYING PHY Check only 1 CERTIFYING PHY	a	DO COR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE CONSEQUEN	OF): OF): OF): OF): OF): Gulley to a control of the underlying to the underlyin	A OCIO PLACE OF DEATH (COMPANY AT NORKY I YES 2 NO Note The and place, and do	n Part I. 24a. W PI 1 V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PAS AN AUTOPSY ERFORMED? YES 2 LING Y) HOW INJURY OCCUP Street and Number or State) Ind menner ea stated. Ince, end due to the co	24b. WERE AUTOPSY FINDIN AWALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	

32. REGISTRAR'S SIGNATURE

SEP 1

nth, 1991



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

10

O

0

1 M 2

	٠,
_	
. BOX 68/60,	4
_	
0	
	-
-	- 3
~	4
~	- 1
Ω	- 6
_	-13
-	-
Κ.	
-	
	•
-	
n	- 1
	- 4
_	u
	- 2
_	- 13
_	- 3
٠.	
_	to the decade an all hands he was a dead
	- 1
	- 19
	- 7
"	
	ж
_	- 3
-	
_	
_	
_	-
_	
_	
ш	
-	
~	
-	
_	1
-	
4	
_	- 1
_	
-	- 1
	-
	-
_	1
	1
	1
	1
_	,
Z	-
=	- 3
\neg	
_	-
_	
n	-
00	
IVISION OF VITAL RECORDS, P.O.	
>	1
	- 1

permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH BERTO BAHINGIE NEOICAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION narylano BAHINGE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 2 page 5 should be detached for use as the burist-transit by the hospital or attending physician. 2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS If yes, specify Cuben, Maxican, F 1 YES 2 NO Specify: 2 Marri BY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Dome she 17. FATHER'S NAME (First, Mipdie, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Numb 2 100/8 2 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION after death. Page 6 may DATE must 3 D P Burial 2 - Cremation director, Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY filled in by the fu medical 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** cremation, # 91/4re disease or condition resulting in death) IVE signed by the attending physician and completely Health and Mental Hyglene prior to bun'al, crematil traumatic event, CERTIFICATION Sequentially list conditions, UENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other thet initieted events resulting in death) LAST 5 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 1 ☐ YES 2 ☐ NO has been a PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem the State certificate OTHER: 1 YES 2 NO tient 2 - ER/Outpatient 3 - DOA me 5 - Residence 6 - Other (Specify) 4 🗌 Nursii 6 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 28 is marked, With this 1 Natural 5 Pending 1 YES 2 NO death v BY After 2 Accident OR ATTENDING 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Af be filed within 72 hours after de IMPORTANT: It Item 28 Is 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the b 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2/1 un 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TUH AMA

HEGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) 2

1991

P

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHNSON

IF UNDER 1 YEAR

6. AGE (In yrs. last birthday)

24845

8. BIRTHPLACE (State or Foreign

3. TIME OF DEATH

INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: Black

interval Betwe Onset and Death

IWK

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

01

29d, DATE SIGNED (Month

YES 2 NO

25 Am

Ardlin

9 FAR

9c. COUNTY OF DEATH

South

10g. CITIZEN OF WHAT COUNTRY?

REG. NO.

DAY

2. DATE OF DEATH

7. DATE OF BIRTH (Mgnth, Day, Year

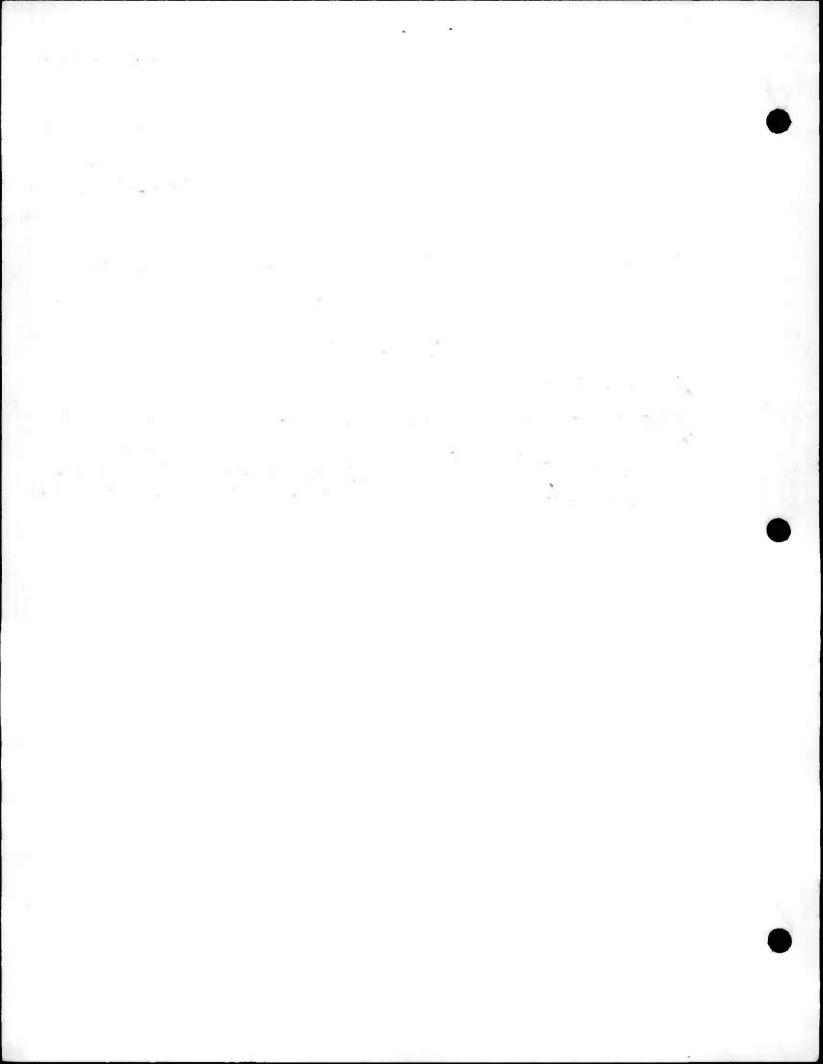
MONTH

IF UNDER 24 HRS.

0.77 to 10

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH		SIENE . NO.	
	1. DECEDENT'S NAME (First, Michigan Law)	WARN	JON	59	2. DATE OF DEA	TH PAY Y	EAR 3. TIME OF DEATH PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday) IF YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRT	167	BIRTHPLACE (State or Foreign Country)
TOR I	BON SACOU	reet and number.	ital 96.	BAHING	EATH	Ba	the more
DIRECTOR	10e, STATE 10b, COUNT		10c CTT TO	OWN OR LOCATION A HIN ORCH			10d. INSIDE CITY LIMITS2 1 NO
FUNERAL	100. STREET AND NUMBER &	Reston	51.	101. ZIP CODE 2/2/	3	10g. CITUZE	N OF WHAT COUNTRY?
B≼	11. MARITAL STATUS 1	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 E NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	en, Puerto Rican, e		RACE — American Indian, Black, White stc./ Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b. KIND (OF BUSINESS/INDUS	TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Edward M	adism J	bnes, Sk	18. MOTHER'S N.	AME (First, Middle, I	rie /f	awkins
10	190. INEORMANT'S NAME (Typo/Print),	sw Kins	2909	DRESS (Street and Number or Rural	Ploute Number, City AVE	or Young State, Zip Co	more, Md.
	METHOD OF DISPOSITION Burlal 2 Cremation 3 Ram Donation 5 Other (Specify)	ovel from State	PLACE OF DISPOSITION	(Name of cametery, cremetory or	2	Baly	temora
77.	21. SIGNATURE OF FUNERAL SERVICE LI	Brown		VILLIAM C	North North	Aves.	muicky F. H. Baltimore 21217
N	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications that cause Liet only one cause on a		munclesh Reval	crency	Synd an	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· How	A CONSEQUENCE OF	ein			
CAL C	PART II. Other aignificant condition	na contributing to deeth i	but not resulting in t	he underlying ceuse given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI					10	YES 2 NO	OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Hipstlent 2 ER/Out		26. PLACE OF DEATH (C		44.0	
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 26c. INJURY AT		HOW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streetelfy)	et, factory, office	261. LOCATION City or Town	(Street end Number or i, State)	r Rural Route Number,
COMPLET	anal			t the time, date end place, end du			
TO BE C	29b, SIGNATURE AND TYPLE OF CERTIFIE	m	MT	29c. LICENICE NI	JMB87626	29d. DATE :	SIGNIFO (Month, Dal, Year)
1	30. NAME AND ADDRESS OF PERSON W	SAUT, 87	T BALT	MD 212	23. Ju	AN.A.	BEUTPAU.
	SEP 1 2 1991	Julia Davidson-M	andelle				OHMH-16 Rev 1/89





BALTIMORE, MARYLAND 21215-0020	e retained by the hospital or attending physici	e 5 should be detached for use as the burial-
BALTIMORE	s after death. Page 6 may b	by the funeral director, pag
	24 FIOUR	y filled in
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physici	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-
DIVISION OF	. OR ATTENDING PHYSIC	DIRECTOR: After this cer
	SPITAL	VERAL.

the nospital or attending physician,	detached for use as the burial-transit nermit Pages 1.9.3 should	Control of the contro	9366	- Control	
alter ucatili. raye o inay be retained by	y the funeral director, page 5 should be	noval.	cal examiner must be notified a		
THE STATE OF THE S	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit nerms Pages 1 2 3 should	th with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event. the medical examiner must be notified at once		
TO THE HOST INC. OR ALLENDING CHILDRAN	TO THE FUNERAL DIRECTOR: After this certific	be filed within 72 hours after death with the S	IMPORTANT: If item 28 is marked, or I		O. O. O. O. O. O. O. O. O. O. O. O. O. O

24847 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF DEATH SEPTEMBER 11,1991 10 SOPHIE KAMMER M. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR 7. DATE OF BIRTH
(Month, Day, Year)
JUNE 2, 1898 IF UNDER 24 HRS s. BIRTHPLACE (State or Foreign HOURS 213-28-3543 1 M 2X F 93 MARYLAND VRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SUMMIT NURSING HOME CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 202 S. TREMONT 21229 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 2 X NO 1 X Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO ВY Specify: 3 Widowed 4 Divorced Specify. WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) JOHN KAMMER ANNA SCHULTZ BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANNA K. UDICH (NIECE) 1318 WOODBRIDGE ROAD, CATONSVILLE, MD. 21228 20g METHOD OF DISPOSITION
1 A Burlai 2 Cremation 3 Rame 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State LOUDON PARK CEMETERY 9/14/91 BALTIMORE, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Messelle 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heart fallure. List only one ceuee on each line. Intervel Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) DUE TO (OR AL A CONSEQUENCE OF) CERTIFICATION Sequentially liet conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted eventa resulting in death) LAST PART II. Other algnificant conditions contributing to MEDICAL deeth but not reculting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE T YES 28 NO 1 THE 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINETY? 26. PLACE OF DEATH (Check only one HOSPITAL I VES 2 100 OTHE Hun 1 Dinpatient 2 DER/Outpatient 3 DOA 5 - Residence 6 - Other (Specify) 1 Hutural S 28s. DATE OF INJURY (Movies, Day, Year) 28b. TIME OF INJURY ZBE INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO 8 2 Accident 28e. PLACE OF INJUSY -- At home, farm, street, factory, office building, etc. (Specify) 3 Suitcide 281, LOCATION (Street and Number or Rural Route Number, City or Twen State) fi Could not be 4 | Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and manner as ateled. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) BE 13170 well 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print)



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be

	ges 1, 2, 3 should		
	0es 1,		
pital or attenuing prysician.	r use as the burial-transit permit. Pa		
THE THOSE	detache		0000
eldines by	should be		iner must be notified at once
ay ue	page 5		he n
ill o afi	firector,		r mus
calll. Le	uneral		Smine
10110	tely filled in by the funeral directo	moval.	id, or item 23 shows any injury, or other traumatic event, the medical examination
e income	fled in t	J, Or re	bem a
unicate se execution mumi 27 mous and usayii. Fay	letely fi	emation	inf. the
COLON	d comp	urial, ci	lic eve
מעם מעם	cian an	or to b	rauma
uncare	o physi	piene pr	ther t
Datil Co	attendir	mtal Hy	V. Or (
ar nire o	by the	and Mei	v inlur
2010	Signed	Health	WS an
hou man	is been	ept. of	23 she
	icate ha	State D	Item
1000	is certif	in the	ed. or
	After thi	leath w	mark
100	CTOR	after	28 is
THE TOOL OF THE PARTY OF THE PA	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	7 hour.	MPORTANT: If Item 28 is marked.
	THE FUNERAL DI	within ,	TANT
	O THE	e nied	MPOR

							91	24848		
	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF	TMENT OF HI	EALTH AND MI	ENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH		
	KIDD, EDWARD	L.				09/10/9	1 YEA	9:50 p w		
	4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs. last birthday)	IF UNDER t YEAR		DATE OF BIRTH	a Bi	RTHPI ACE (State or Foreign		
	216-01-5268	1 € M 2 □ F	72 YRS.	MONTHS DAYS	HOURS MIN.	SEPT. 13,	1918 m	ARYLAND		
0	Se. FACILITY NAME (If not institution, give :	Self-the-self-the-		9b. CITY, TOWN OF	R LOCATION OF DEAT	н	9c. COUNTY O	F DEATH		
DIRECTOR	CHURCH HOSPITAL CORPORATION BALTIMORE CITY									
SE SE	10e. STATE 10b. COUNT			, TOWN OR LOCATION	ON			10d. INSIDE CITY		
吉	MARYLAND -		BA	ALTIMORE				LIMITS?		
AL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?		
FUNERAL	3322 BRENDAN AV	ENUE			21213		U.	S. A.		
15	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DECE	NDENT OF HISPANIC	ORIGIN? (Specity Yee		ACE — American Indian, lack, White, etc.		
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WA	VES 2 □NO	t YES	cify Cuben, Maxican, I 2 XXNO Specily:	Puarto Ricen, etc.)				
	15. DECEDENT'S EDU							WHITE		
1 !!	(Specify only highest grade	completed)	18e. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION rork done during most	N t of working	16b. KIND OF BUS	INESS/INDUSTR	Y		
1	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	PAINT			117	NION			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden :				
ш	CHARLES LABELLE	KIDD			ELLEN (Junenay			
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street are	d Number or Rural Rou	te Number, City or Town	, State, Zip Code)			
=	CATHERINE KIDD (WIFE)				IMORE, M				
	20e. METHOD OF DISPOSITION 1 1 1	oval from State	20b. PLACE AND DATE O	F DISPOSITION (Nam	ne of	DATE 20c. LOC	ATION — City or	Town, Stata		
	4 Donation 5 Other (Specify)		GARDENS OF	OF FAITH	I CEMETERY	Z BAI	LTIMORR	E,MD.		
	21. SIGNATURE OF FUNERAL SERVICE LIN	PHYSEE D			ADDRESS OF FACILI		TNO			
	Cugene	V- La	ulnes			RAL HOMES		D 21212		
	23. PART I. Enter the diseases, or	omplications that	aused the deeth. Do h	ot enter the mod	e of dying, auch a	a cerdiac or respir	etory arrest.	Approximata		
	ahock, or heert failure.	ciat only one cause	on eech line.		/		,	Interval Between Onset and Death		
	disease or condition reaulting in death)	. C	ardiogen	uc st	rockt			dans		
								anys		
N	Sequentially list conditions,	b//	go cardia	1/n	farcho	'n		daus		
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		R AS A CONSEQUENCE OF	- La		2-50				
I S	CAUSE (Disease or injury	-	R AS A CONSEQUENCE OF	arter	9 0115-	ease		years		
E	that initiated eventa resulting in death) LAST	502 10 (0	A A CONSCOUENCE OF);	,					
E		d								
AL AL	PART II. Other significant condition	a contributing to de	eth but not resulting in	the underlying	cause given in Par	t I. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS		
음	Chronic obst	ructive	Mulmonard	disea	se	1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
뿔	asbestosi		1 /					1 TES 2 NO		
PHYSICIAN: MEDICAL										
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLA	CE OF DEATH (Check	only one)				
IYS	1 TYES 2 1 16	1 Inpatient 2 E		4 Nursing Home	5 Residence 8	Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF IN (Month, Day,		IRY WORK	K?	d. DESCRIBE HOW IN	JURY OCCURED			
BY	2 Accident investigation	28a PLACE OF I	N IIIOV At home town of		S 2 NO					
		building, at	NJURY — At home, term, st c. (Specify)	raet, factory, office	28	t. LOCATION (Street er City or Town, State)	nd Number or Run	Il Route Number,		
8	3 Suicide 8 Could not be 4 Homicide determined									
	4 Homicide determined	and the state of	Constant Constant	29a. CERTIFIER (Check only t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner ee at						
	4 Homicide determined 29a. CERTIFIER (Check only	CIAN: To the best of my	r knowledge, death occurred	at the time, date as	nd place, end due to t	he cause(e) end menr	ner ee stated.			
COMPLET	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINE	R: On the beale of axan	r knowledga, death occurred	, in my opinion, dea	th occured at the time	e, data and pieca, and	due to the ceus	e(e) and manner ee stated.		
	4 Homicide determined 29a. CERTIFIER (Check only	R: On the beale of axan	r knowledge, death occurre- nination end/or investigation	, in my opinion, dea	nd place, and due to to the course of the co	e, data and pieca, and	dua to the ceus	e(e) and manner ee stated.		
E COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER WALL OF CERTIFIER OF	H: On the beale of axan	nination end/or investigation	, in my opinion, dea	th occured at the time	e, data and pieca, and	dua to the ceus			
BE COMPLET	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINE	R: On the beale of axen	nination end/or investigation	, in my opinion, dea	th occured at the time	e, data and pieca, and	dua to the ceus			
BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER WALL OF CERTIFIER OF	H: On the beale of axan	OF DEATH (IXEM 27) (Type,	, in my opinion, dea	th occured at the time	e, data and pieca, and	dua to the ceus			
BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	R: On the beale of axan	OF DEATH (IXEM 27) (Type,	, in my opinion, dea	th occured at the time	e, data and pieca, and	dua to the ceus			

	ži.	
27000		
		_ 19
		e 1
		- 11

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit-pergifts be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funche filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						91	24849	
	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH AND	MENTAL HYGIE	NE	24047	
	1. DECEDENT'S NAME (First, Middle, Last) Doune (Loney			2. DATE OF DEATH	DAY 7	YEAR 0/125 A	
	4. SOCIAL SECURITY NUMBER 346-58-4958	5. SEX 8. AGE (in yrs. i	YRS. WONTH	DER 1 YEAR IF UNDER 24 HRS B DAYB HOURS MIN.	444 44 5 44	57	B. BIRTHPLACE (State or Foreign Country)	
S S	90. FACILITY NAME (If not institution, give s	treet and number)	9b. CI	TY, TOWN OR LOCATION OF	DEATH	9c. COUNT	TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT		10c. CITY, TOWN	OR LOCATION	1.		10d. INSIDE CITY	
	10. STREET AND NUMBER	11 -1	154	LAD_ CIT	7	10g. CITIZI	1 YES 2 NO	
FUNERAL	1002 13, 12 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	ARMED- 1	2/2 3. WAS DECENDENT OF HISP	O S	-	USA	
BY	1 A Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 LEIF YES, GIVE WAR OR DATES	MO	If yes, specify Cuben, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	or NO=	4. RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		DECEDENT'S USUAL (Give kind of work don ife. Do NOT use frettred	OCCUPATION during most of working	16b. KIND OF B	USINESS/INDU		
OMPL	17. FATTER & Mary (First, Middle, Last)		17	Isable				
BE	Daniel Brikat Bernee Laney							
5	Fire the Loney 1614 N. Bethel Freet 413							
-3	1 Donation 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LICE	cemetery, ci	e AND DATE OF DISP	OSITION (Name of	DATE 20c. L	ande	Work Md	
	> he stand	Bullen	/ 2	Sell M	FACILITY TI	165	gN.	
		omplications that caused tha d List only ona cause on each lin	daath. Do not anta	ar tha moda of dying, au	ich as cardiac or ras	piratory arres	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsis					Onset and Dasti	
NO	Sequentially list conditions,							
ERTIFICATION	if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
	that initiated events resulting in dasth) LAST d.							
CAL C	PART II. Other significent conditions	contributing to death but not	rasuiting in tha u	Inderlying cause givan t		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
MEDICAL					1 YES	2 NO	COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	Check only one)			
HYSI	1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL: Impatient 2 ER/Outpatient : 26e. DATE OF INJURY	28b, TIME OF	R: Irsing Home 5 Residence 28c. INJURY AT	6 Other (Specify) 26d. DE\$CRIBE HOW	IN HIRV OCCIU	250	
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY — At he	INJURY M	WORK? 1 YES 2 NO				
ETED.	4 Homicide determined	bullaring, etc. (Specify)			28f. LOCATION (Street City or Town, State			
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	EIAN: To the best of my knowledge, do t: On the basie of examination and/or	iesth occurred st the Investigation, in my	time, date end place, end du opinion, death occured at th	e time, data and place, e	nner ee stated.	ause(e) and menner as stated.	
8	29th SIGNAPHINE AND TITLE OF CENTIFIED	tes moo		29c, LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH OF				107	102/91	

Cause of Death (ITEM 27) (Typa, Print)
S Greene 5+

Auton Andels

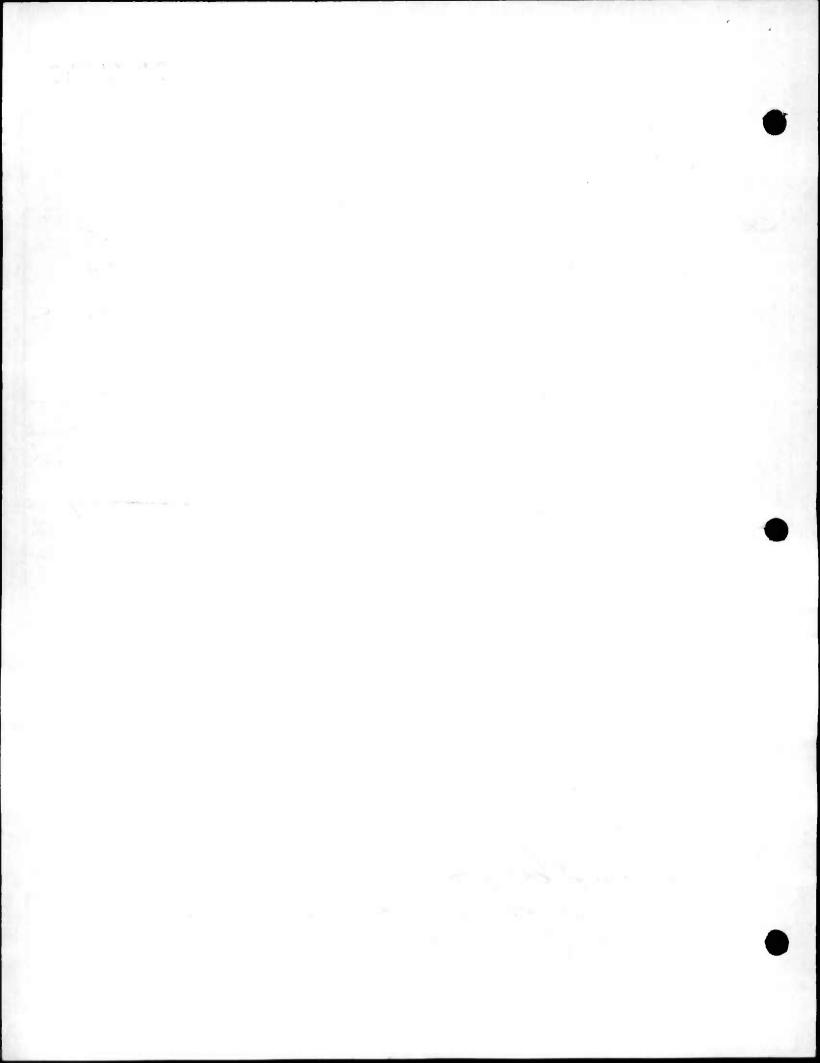
Balto, and

21201

JE WD 22

Geils Jr wo





BEALE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CORNELIOUS

1 -

YEAR

1991

3. TIME OF DEATH

5:00

REG NO

10

2. DATE OF DEATH MONTH

09

Page 6 may be retained by the hospital or attending physician. **MARYLAND 21215-0020** BALTIMORE.

CORDS, P.O. BOX 68760, wires that the

DIVISION

DR

HOSPITAL

4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH
(Month, Day, Year)
JULY 28, 1926 6. AGE (In yrs. last birtnday) s. BIRTHPLACE (State or Foreign 216 8039 1 X M 2 - F HOURS MIN. 20 65 YRS MARYLAND permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH RANDALLSTOWN 9c. COUNTY OF OEATH BALTIMORE COUNTY GENERAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE RANDALLSTOWN 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4134 DEER PARK ROAD burial-transit 21133 U. S. OF A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married tf yes, specify Cuben, Maxican, Puarto Rican, etc.)

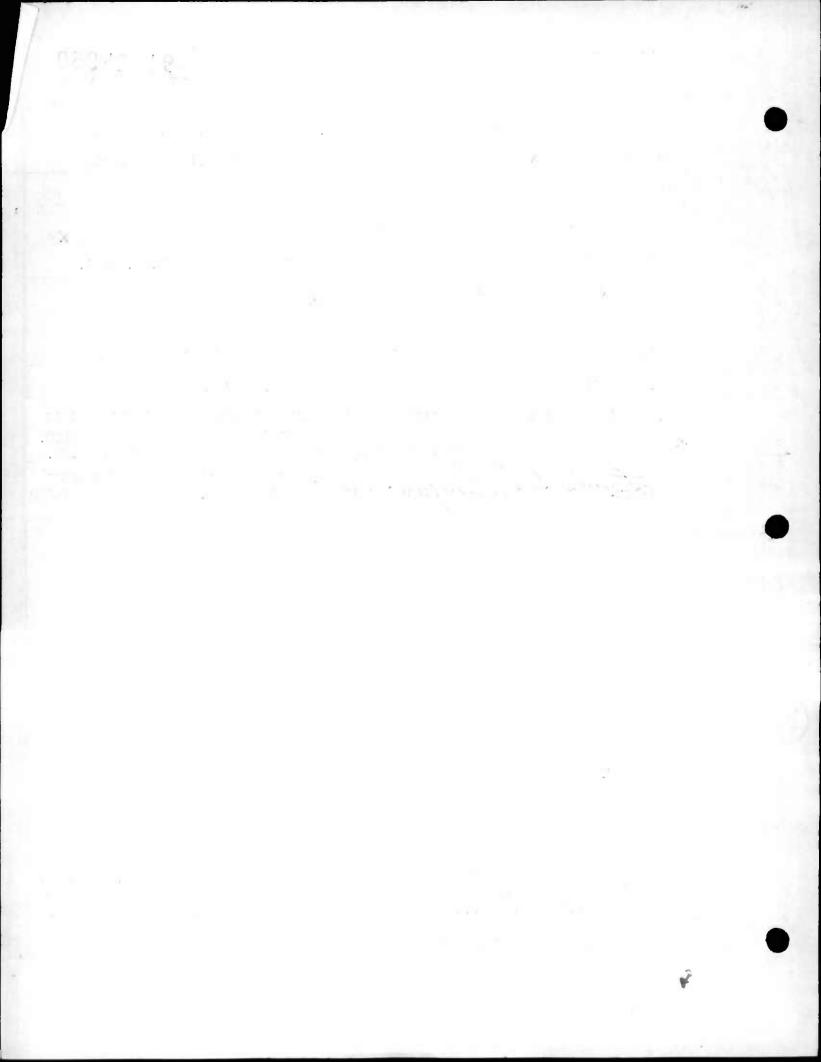
1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify use as the BLACK 15. OECEOENT'S EOUCATION 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade com 18b. KIND OF BUSINESS/INDUSTRY COMPLET page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 0 - 12**YEARS** SUPERVISOR RAILROAD 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at MR. JOHN ALFRED MASON MRS. MARIE JONES 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. BERNADETTE LINZ 4134 DEER PARK ROAD RANDALLSTOWN, MARYLAND 21133 9 20a. METHOO OF DISPOSITION

1 Burlal 2 Cremation 3 IN
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 9/16/910 ATE 20c. LOCATION - City of Town, State BALTO. must funeral director, GARRISON FOREST VETERANS CEMETERYOWINGS MILLS, MD.CO. examiner 21. SIGNATURE OF FUNDAM SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 Y the ynn 4517 PARK HEIGHTS AVE. BALTIMORE MARYLAND medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by 1 Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** and completely fille burtal, cremation, the disease or condition resulting in death) ARTERIOSCLMROTIC CARDIOVASCULAR DISEASE event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. prior to b DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING signed by the attending physician in Health and Mental Hygiene prior to CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY # PERFORMED? WERE AUTOPSY FINDINGS any i AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO shows a been s 1 TES 2 NO PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL the State [26. PLACE OF DEATH (Check only one) Item EXAMINER? this certificate HOSPITAL: XXER/Outpetient 3 DOA OTHER: 0 g Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED marked. 28b. TIME OF INJURY 26c. INJURY AT WORK? with 1- Natural 1 YES 2 NO M BY After death 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 28 ls 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be DIRECTOR: / 4 Homicide datarmined Item ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL I = MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as attated. IMPORTANT: 29b. SIGNATUR THE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 09 223 OCME 2 1991 CAUSE OF DEATH (ITEM 27) (Type, Print) ALON 111 PENN STREET BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE 1001 Rando 00 DHMH-16 Rev 1/89 JWR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MASON, SR.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

s after death. Page 6 may be retained by the hospital or attending physician,	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s		dical examiner must be notified at once.
ELECTIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be re	attending physician and completely filled in by the funeral director, pag	e inthin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	pertant: it liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

hould

91 24851 91-5268-510 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 09 1991 10 GARY Tyrone MAYO 11:15 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 217-78-1383 1 💢 M 2 🗆 F 23 3/28/68 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VESTIBULE-1610 HARLEM AVENUE RESIDENCE OF DECEDENT BALTIMORE CITY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
VELIMITS?
152 YES 2 NO Md. Baltimore FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21223 1617 W. Mulberry St 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TYES 2 NO Specify: Blk. BY Specify: 3 Widowed 4 Divorced BE COMPLETED 15. OECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) Baker Baking 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Barbara Mayo Sidney Green 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1617 W. Mulberry St. Balto., Md. 21223 Barbara Mayo 201 METHOD OF DISPOSITION
1 Z Burlal 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Zion Cemetery 9/14Lansdowne, 4 Donetlom 5 Other (Specify) 22. NAME AND ADORESS OF FACILITY IRVIN CO. 1712-14 W. North Ave. Balto., Md. 21217 21. SIGNATURE OF FUNERAL SERVICE LICENSE CARROLL F/H 23. PART I. Enter the dieea a, or complicatione that caused the deeth. Do not enter the mode of dying, auch as cardlec or respiratory arrest, Approximate ahock, or heart fallure. Lifet only one ceuse on each line. Intervei Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition_ reculting in death) MPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not reculting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) BUILDING OTHER: XX YES 2 NO 4 D Nursing Home 5 D Residence XXX Other (Specify) OORWAY - APAREMENT 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 10 199110:50P 1 YES SUBJECT SHOT BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Suicide 8 Could not be COMPLETED VESTIBULE-1610 HARLEM AVENUE BALTIMORE CITY 29a. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. XXMEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. NATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 09 1991 OCME 11

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

PENN STREET

BALTIMORE, MARYLAND

SFP 1

2 1991

21201

16675 19

Arms a

1		FREDERICK (GEORGE M		₹.	2. DATE OF DEATH	o d	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-18-9663 90. FACILITY NAME (If not institution, give	1 M 2 🗆 F	(In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	2 1/ 1.	BIRTHPLACE (State or Foreign Country) (aryland
TOR	St. Agnes Hospita			Baltin	OR LOCATION OF D	EATH	9c. COUNTY	OF OEATH
DIRECTOR	10a. STATE 10b. COUNT	imore	10c. CIT	Catonsv				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 615 Maiden Choice	Lane, 622 H	arbor Vi		11. ZIP CODE 21228		10g. CITIZEN OF WHAT COUNTRY? U.S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 K Merried 3 Wildowed 4 Divorced	N U.S. ARMED 2 NO ATES	It yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 1 YES 2 NO Specify:			RACE — American Indian, Black, White, etc. Specify: White		
PLETED	18. DECEDENT'S EDU (Specify only highest grack Elementary/Secondary (0-12) 1.2	(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Salesman Furniture					
BE COMPL	17. FATHER'S NAME (First, Mickin, Leet) Frederick G	eorge McNa	ab, Sr.		18. MOTHER'S NA	ME (First, Middle, Melden	Surname) Hank	inson
TO B	Mrs. Jean D. McNa	b	19b. MAILING Same	as #10a	and Number or Rural I	Route Number, City or Tox	vn, State, Zip Coo	de)
	20. METHOD OF DISPOSITION MC Burtel 2 C Cremation 3 The 4 Donation 5 Check Speaks 21. SIGNATURE OF PORE ALL SERVICE LE	Town State To	PLACEAND DATE 212kW75655 ^p o	22. NAME AI Ruck T	ND ADORESS OF FA	/12/91 Bal	e, Inc.	. Maryland
	IMMEDIATE CAUSE (Finel		_					
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Chroni R	Tailus Consequence of	ilme	- Is	chemic		2 year
MEDICAL C	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Dyctes (OUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	jopony	2° to	chemic Polycyshic	AUTOPSY IMED?	Onset and D. 3.4UNY 2 years 40. Deorse 16 24b. Were autopsy finding Amailable Prior to
SICIAN: MEDICAL C	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Dyctes (OUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	n the underlying	2° †s	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	2 Years 10 24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Y PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS A DUE TO (OR AS A d	CONSEQUENCE OF CONSEQUENCE OF Ut not resulting I	28. PL OTHER: 4 Nursing Home University 1998	2° †s	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS. OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	OUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF CONSEQUENCE OF Ut not resulting I stient 3 DOA 29b. TIME INJI At home, form, a	26. PL OTHER: 4 Nursing Home E OF UNITY M 1 V	g cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMEO?	2 Yeld 24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A C. Chrowill DUE TO (OR AS A d. HOSPITAL: 1 Inpatient 2 ER/Outpa 28e. DATE OF INJURY (Morith, Day, Year) 28e. PLACE OF INJURY building, stc. (Special	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF Ut not reculting I stient 3 DOA 28b. TiMi INJI At home, ferm, a	26. PL OTHER: 4 Nursing Hom E OF 28c. INJ HY M 1 TO treet, factory, office d at the time, date	2° †3	Part I. 24a. WAS AN PERFOR 1 YES 2 CK only one) B Other (Specify) 28d. DESCRIBE HOW II City or Town, State)	AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED?	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO DO NO THE PROPERTY OF THE PROPERT
TED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A C. Chrowil R DUE TO (OR AS A d. BE contributing to deeth but BE contributin	CONSEQUENCE OF CONSEQUENCE OF Ut not resulting I ut not resulting I 28b. Timil At home, ferm, a	28. PL OTHER: 4 Nursing Home LOF 28c. INJURY WO I V Itreet, factory, office d at the time, date n, in my opinion, de	g cause given in ACE OF OEATH (Che 5 Residence UN AT RKY (ES 2 NO end piece, end due auth occured at the to 29c. LICENSE NUM 7 3 4 7 3 4 7	Poly Cy Shi C Poly Cy Shi C Part I. 24a. WAS AN PERFOR 1 YES 2 ck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street & City or Town, State) to the cause(e) end manual inne, date end pleca, and	AUTOPSY IMED? NJURY OCCURE and Number or Ri	Onset and Do School Add UNY 2 Yell 24b. Were autopsy Finon AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO 10 YES 2 NO

27070 50

2

1		A		1
(Š	100)
	-	-	00	

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAN	D / DEPAR	ITMEN	T OF H E OF	IEALTH DEA	AND	MENTAL	HYGIEN REG. NO	E .	4	4853
3	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	OF DEATH		YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	HELEN M		OUSB					_	EMBER	10,1		6:00 P. N
	218-50-8565	5. SEX 1 ☐ M 2 ▼ F	The time (in) is the same of			DAYS	HOURS	R 24 HRS. MIN.	(Month,	(Month, Day, Year) Cou		Country)	
	9a. FACILITY NAME (If not institution, give s	45	89	1110.	as CIT	- TOWAL	OR LOCATI			ST 30,			YLAND
E I	323 LAMBETH ROAD						OR LOCATI		EATN			NTY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT					TOTAL	V 2 2424				DAL	LIFIOR	E
IRE	10a. STATE 10b. COUNTY			10c. CIT	TY, TOWN C								10d. INSIDE CITY
		TIMORE			CAT	ONSV	ILLE						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					1	1. ZIP CODI				10g. CITI		AT COUNTRY?
NE I	323 LAMBETH ROAD						21228	_				U.S	.A.
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WA	YES 2	NO		If yea, spe	CENDENT Concept Cube	en, Mexice	NIC ORIGIN? en, Puerto Ri fy:	(Specify Yes can, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: WHITE	
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16#	. DECEDENT'S	USUAL O	CCUPATI	NC		16b.	KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of viite. Do NOT us	ise retired.)	during mu	st of worker	ng		OWN H	IOME		
8	17. FATNER'S NAME (First, Middle, Last)			Olling	EK		44 MOT	THERE M	AME (First, Mi				
Ö	JOHN DURR								HAHN	ddle, Maiden	Surname)		
∞	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	e (Street)				- City or Town	- Cours Zin	Codel	
일	19a. INFORMANT'S NAME (Type/Print) LOUIS OUSBORNE (SON) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10822 HUNTING LANE, COLUMBIA, MARYLAND 21044									21044			
	20a METNOO OF DISPOSITION 1A ABurlal 2 Cremation 3 Remot	oval from State	20b.PLA	ACE AND DATE OF	OF DISPOS	SITION (Na	ame of		DATE /14/91	20c. LO	CATION —	City or Town	
	21. SIGNATURE OF FUNEBAL SERBICE LIC	en	38	e	LI 16	EROY	M. &	& RU	ISSELL ON AVE	C. W	ITZKI ATONS	E FUN	ERAL HOMES E,MD.21228
	23. PART I. Enter tha diseases, or c shock, or haart failure. I IMMEDIATE CAUSE (Final	List Only One Caus	se on each i	iina.							ratory arr	est,	Approximeta intarval Between Onest and Daeth
	disease or condition reaulting in death)	DUE TO	GALLY TOR AS A COI	HAR NAFOUENCE O	1	6	retre	re	- 200	Ze			his
z	Constant of the condition of the conditi									codes			
ERTIFICATION	Sequantielly liet conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	COUE TO (OR AS A CONSEQUENCE OF):								3			
CERT	reaulting in death) LAST	d											
MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 24b. WERE AUTOPSY FIND TO COMPLETION OF CALL OF DEATH?								WAILABLE PRIOR TO COMPLETION OF CAUSE				
AN: W	25. WAS CASE REFERRED TO MEDICAL											1	YES 2 NO
SICI	EXAMINER?	HOSPITAL:	ED/Outpatier	3 🗆 004	OTHER	R:	/	/	eck only one)				
PHYSICIAN	27. MANNER OF CEATH 1 Natural 5 Pending	28b. TIME		OF 28c, INJURY AT 28d, DES			_	Other (Specify) id. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF building, a	F INJURY — At etc. (Specify)	t home, farm, s	M 1 TYES 2 NO				28f. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural Rou	ite Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of m	ny knowledge	, desth occurre	id at the ti	ime, date	and place,	, and due	to the cause	(a) and man	ner aa stste	id.	
S B	200. SIGNATURE AND TITLE OF CENTIFIER	R: On the beals of exa	Mination area	/or investigation	i, in my os	Minion, de		ed at the		nd place, and			forth, Day, Year)

5. WAS CASE REFERRED TO MEDICAL					28. PLACE OF DEATH (Ch	neck only one)
EXAMINER?	NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	OTHE 4 I No	R: reing Nome 5 Residence	6 ☐ Other (Specify)	
7. MANNER OF OE 1 Nature 2 Accident	5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCURED
3 Suicide 4 Nomicide	6 Could not be determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm,	street, fac	tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

200. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Mor
Clark Rober In m	024281	1 9/11/81

AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) CHARLES GRAHAM M.D. 299 FREDERICK ROAD, BALTIMORE, MARYLAND 21228

31. DATE FILED (Month, Day, SEP 12 199 1991

32. REGISTRAR'S SIGNATURE

ONMH-16 Rev 1/89

Marin and Marin

3	2	2.4	- May		4 0	
154	2		ne Se	1 10	11	0.0
					the effect	UV
				A 12 Am	100	

	FOR_		STATE OF N	MARYLAND /	/ DEDAG	TMEN	T NE H	SAITU	AND	4ENTA	I UVCIEN	9	1 2	21.854
	1 - STATE REGISTRAR	at a m . a at	SIMIL OF I		ERTIF					1.9	REG. NO.	1	信	- 4004
	1, DECEDENT'S NAME (First	i. Middle, i a		JOHN E.	OFR	DIEN	T Con	1	14/1	MONT	the contract of the contract o	V	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	AFA	5. SEX	8. AGE (In yrs. Ia:			RIYEAR	# UNDER		- 00	OF BIRTH		91	5:44 p M
			t√XM2□F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	/ DATE	of Birth h, Day Year) J. 14,1	928	6. BIRTHI	PLACE (State or Foreign York
	108-22-3046			- 63	Tho.	01 017					, 14,1			
œ						96. CI	Y, TOWN O	R LOCATI	ON OF DE	EATN		9c. COUN	ITY OF DE	ATH
DIRECTOR	THE JOHNS		NS HOSPI'	TAI		B.A	LTIM	ORE	CITY					
E I	10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	Maryland	Balt	imore			Tows	on							LIMITS?
AL	10e. STREET AND NUMBER						107.	ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	809 Prov	idence	Road					2120	4			U	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 15	T EVER IN U.S. AF	RMED	13.	WAS DECI	ENDENT C	F NISPAN	NC ORIGI	N? (Specify Yea	or No-	14. RACE	- American Indian, White, etc.
ВУ Б	1 Never Married 2 🔀		IF YES, GIVE W				1 YES				Rican, etc.)		Specify	
				Ko	orean			Α						White
TED	(Specify on	EDENT'S EDU	completed)	(G	ECEDENT'S Give kind of a. Do NOT u	work done	during mos	N at of working	g	160	. KIND OF BUS	INESS/IND	USTRY	
'n	Elementary/Secondary (I	0-12)	Coflege (1-4 or 5 +)	ustri			n+	a+ 2 **		T D	Ctat	. OF	Maryland
COMPLET	17. FATNER'S NAME (First, M	Sidelle desail	4	μπαι	ustri	ar r	æpre						e OI	Maryland
	Alfred J		ien						ren's NA Len		Middle, Maiden Bendr			
BE			Tell											
2	19a. INFORMANT'S NAME (19				nd Number	or Rural i	Route Num	ber, City or Town	7. State, Zip	Code)	
.	Lois O'Bri				Same									
	15€ Burial 2 ☐ Crematic	n 3 🗆 Rame	oval Irom Stata	206. PLACE cometery, cre Druic	AND DATE ematory or o	OF DISPO	SITION (Nar	ne of		DAT		CATION —	-	
	4 ☐ Donation S ☐ Other 21. SIGNATURE OF FUNERA		FUEEE	Druic	d Rid					13-9	I Pik	esvi.	He,	Maryland
	► Wall			fe Da		F		Tows	on F	uner	al Hom			
	23. PART I. Enter the d				esth. Do	not ente	050 t the mod	York	RO2	d. I	OWSOn.	Md.	2120	Approximate
	shock, or h	esrt fellure.	List only one ceu	se on each line	8.						uiso oi reapi	atory arr	owr,	Intervel Between
	iMMEDIATE CAUSE (Fig disesse or condition	nel	Da	ITE M	wood	000	210	1=	CNVE	-00	Δ			Onset and Daath
	resulting in death)		DUE TO	(OR AS A CONSE	OBENCE O	3.01	CUC	1-1-	arra	_ '''	11-4			/yr
-		_		(. ,.								
CERTIFICATION	Sequentielly list condit if sny, lesding to imme		DUE TO	(OR AS A CONSE	OUENCE O	F):								
¥ I	cause. Enter UNDERLY	ING												
Ĕ	CAUSE (Disease or Injuthat initiated events	'ry	DUE TO	(OR AS A CONSE	OUENCE O	F):								
臣	resulting in deeth) LAS	Т	d.											
-	DART II ON THE I													
MEDICAL	PART II. Other significe	condition	s contributing to	death but not	resulting	In the u	nderlying	ceuse	jiven in	Pert i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8											1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
M														1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF D	EATN (Ch	eck only o	ne)			
S	1 TES 2 NO		1 Inpatient 2	ER/Outpatient 3	3 🗆 DOA	4 Nu	FR: raing Home	5 🗆 Re	sidenca	6 🗆 Oth	r (Specify)			
PHY	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED													
1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO														
	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, larm, street, lactory, office 28s. LOCATION (Street and Number or Rural Route Number, building, set							oute Number,						
=	4 Homicide	detarmined								Only	or lown, oraley			
PLE	29a. CERTIFIER CERT	TIFYING PNYSI	CIAN: To the best of	my knowledge, de	eath occurr	ed at the	lime, deta	and place	and due	to the ce	use(a) and man	ner as state	ed.	
COM														and manner as stated.
		CERTIFIE							NSE NU					
BE	MUJUG	9						are. LIGI	as. NUI	#SEN		Z90. UATE	SIUNED	(Month, Day, Year)
2	30. NAME AND ADDRESS O	E DEDSON WH	O COMPLETED CAUS	DE OF DEATH AVE	00 0T (Y-	Outrol								

MESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa Print)
WHYS LODE CONTROL OF CONTROL OF CONTROL

32. REGISTRAR'S SIGNATURE

lox1

31. DATE FILED (Month, Day, Year)
SEP 1 2 1991

Baltrone

608

N Wolf St

permit. Pages 1, 2, 3 should

for use as the burial-transit

10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospi	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
24 7/04	filled ion, or	the m
cuted within	d completely urial, cremati	ilc event, t
ate be exe	hysician and	r traumal
h certific	Hygiene	or othe
e deat	he atte Wental	Juny,
hat th	and by	ny In
requires t	en signed of Health	shows a
we!	Dept.	23
N: The	State 1	Item
SICIAL	certif	1, 0,
NG PHY	fter this eath with	marked
TEND	OR: A	80
OR AT	OUIS a	em 2
A	JAL 1	H
HOSPI	FUNEF	TANT
표	岩潭	POR
2	2 8	E

223

G-679 9/19/91 cm FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Elizabeth Offerman 9 1991 10:07 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 213-48-1139 DAYE 1 M 2 7 F 93 4/01/98 Germany 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Extended Care Unit Baltimore City 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Towson 1 YES 2 XNO 10e, STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21204 111 West Rd. U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ho-12. WAS DECEDENT EVER IH U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 22 IF YES, GIVE WAR OR DATES It yes, specify Cuban, Mexican, Puarto Ri 2X HO 1 Hever Married 2 Married Specify: BY 3 X Widowed 4 Divorced White N/A 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (I-4 or 5 +) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Johann Mayer Fredericka Schwedes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Freda Buddemeyer 11507 Notch Cliff Rd., Glen Arm, Md. 21057 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 26a. METHOD OF DISPOSITION
1 ☑ Surfal 2 ☐ Cremation 3 ☐ Removal from State 20c. LOCATION — City or Town, State Parkwood Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 9/14/91 Parkville, Md. 22. NAME AND ADDRESS OF FACILITY
Ruck Towson Funeral Home, Inc. 21. SIGNATURE OF FUHERAL SERVICE LICENSEE addew 1050 York Rd., Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, If sny, leading to immediate cause. Enter UNDERLYING with PVD CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ HO 1 TES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 HO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c, IHJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW IHJURY OCCURED 1 Natural
2 Accident 5 Pending М 1 YES 2 NO В 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 26s. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEHSE HUMBER 29d. DATE SIGNED (Month. Day. Year) BE Brem mo 3 040208 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

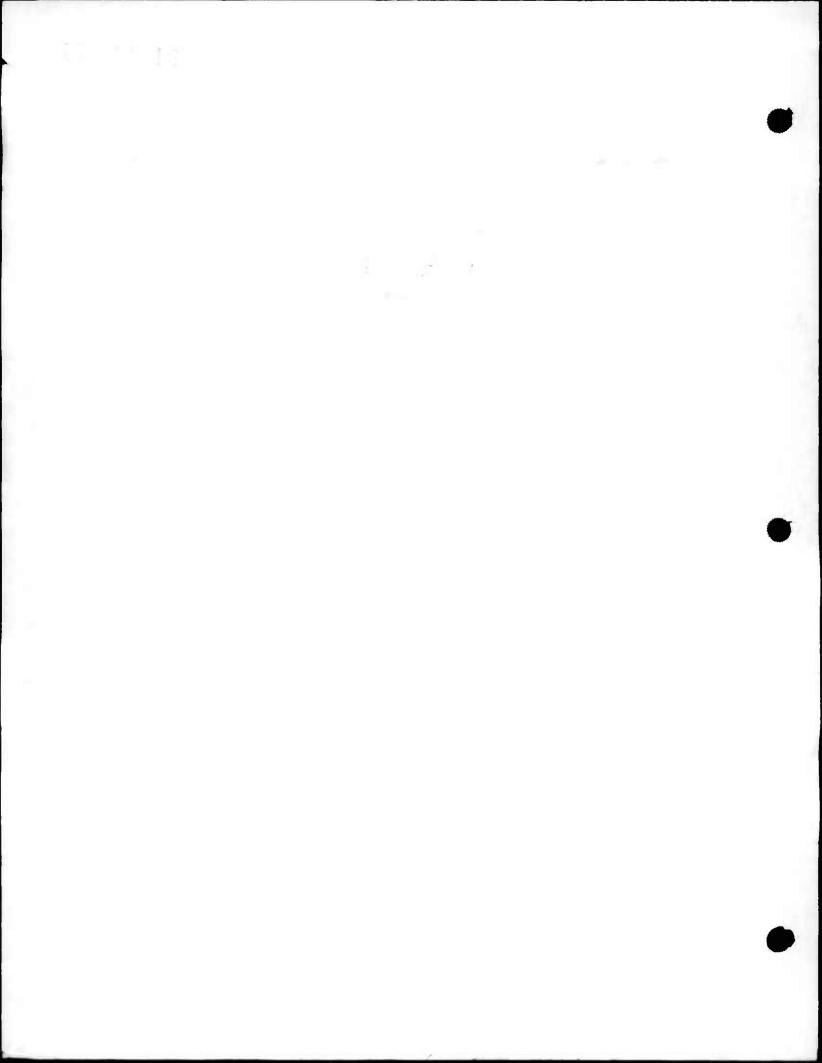
Northern

32 REGISTRAR'S SIGNATURE Julia Devidson Pandalle

2 199

DHMH-18 Rev 1/89

213-1 (



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. DECEDENT'S NAME (First, Middle, Lest) Nannie C	2 C. Pridgen				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH 11:55 A.M.M	
The second of th	5. SEX 8. AGE (In yrs. lest birthday)	F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Oay, Year) MAY 15, 1	a pier	THPLACE (State or Foreign	
99. FACILITY NAME (If not institution, give stre UNIVERSITY OF INTERSIDENCE OF DECEDENT	· ·		BALT	MORE		9c. COUNTY OF	DEATH	
10a. STATE 10b. COUNTY MARYLAND			OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER 1819 MORELAND AVE	ENUE		101	21216		U.S. O	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	il yes, spi		NIC ORIGIN? (Specify Yean, Puerto Rican, atc.)	Bla	CE — American Indian, ck, White, etc. BLACK	
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 0-12	TION umpleted) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use in CUSTOD	k done during mo- stired.)	DN st of working		SINESS/INDUSTRY	SCHOOLS	
17. FATHER'S NAME (First, Middle, Last) WILLIAM LEWIS				VIR	AME (First, Middle, Meiden GINIA LEON	ARD		
199. INFORMANT'S NAME (Type/Print) MRS. GLORIA LEONARI		4639 PA	RK HEI	GHTS AVE		MORE, MA	RYLAND 21215	
20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ramov 4 Donation 5 Other (Specify)	WO	ODLAWN CE	METERY	SEPT.	13,91 BALT	IMORE, MA	RYLAND BALTO.	
+ Lewis &	Luyn	N	LEWIS 4517 H	PARK HEI	N FUNERAL GHTS AVE.	BALTIMO	215-6393 RE,MARYLAND	
23. PART i. Enter the diseases, or consended, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Respirato	the desth. Do not och line. Cardia CONSEDUENCE OF):	enter the mo	aller	ch as cardisc or reep	iratory arrest,	Approximete Interval Between Onset end Death	
Sequentisily list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Small B	CONSEQUENCE OF):	escali	m/sma	ll Bowel	Ischem	5 mos 1/2 mos 5 mos	
PART II. Other significent conditions Renal Faulor, +	contributing to death be	it not resulting in t	he underlying	ceuee given in	Pert I. 24a. WAS AN PERFOR	MED?	6. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
	OSPITAL:		THER:	ACE OF DEATH (C/	6 Other (Specify)			
27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJU	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURED		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	At home, term, street	ri, factory, office		281. LOCATION (Street of City or Town, State)	and Number or Rural	Route Number,	
2 MEDICAL EXAMINER:	N: To the best of my knowled	edga, death occurred a	t the time, date	end piece, end due	time, date end place, an	nner es stated.	(s) end manner ea stated.	
HO. SIGNATURE AND THE OF CARPTIFIER	-ms			29c. LICENSE NU	MBER	≥ 9 8 9	D (Month, Day, Year)	
Teveny Hernburn		- S4		If MS	2,201			
SEP 1 2 1991	guia Davidson	Mandell						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per the number of the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

Market and the second of the s

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit put filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	REID E	RIC	REID	2	DATE OF DEATH MONTH	91 YEAR	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER	1 x M 2 □ F 3	M 2 G F 36 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 4-8-195					THPLACE (State or Foreign unity) Maryland		
OR	Baltimore County	96. FACILITY NAME (If not institution, give street end number) Baltimore County General Hospital Randallstown 96. COUNTY OF DEATH Baltimore Randallstown Baltimore								
DIRECTOR	MD Balt	co County		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER				P CODE			WHAT COUNTRY?		
BY FUNERAL	Rosewood State Ho 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	II yes, specif	S DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— se, specify Cuben, Maxicen, Puerio Ricen, atc.) YES 2 NO Specify: Specify: Specify:					
COMPLETED 8	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S US	rk done during most o	of working	166. KIND OF BUSI	NESS/INDUSTRY	black		
BE COM	17. FATNER'S NAME (First, Middle, Lest) CHARLES EDWARD REID 18. MOTHER'S NAME (First, Middle, Melden Surname) HAZEL GRIFFIN									
2	19a. INFORMANT'S NAME (Type/Print) Patricia Reid	Sister				te Number, City or Town,		21217		
	20e. METNOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LIC	A Ronald Wa	de, Dir		Baltimo	State Ar	natomy to.,MD	Board 21201		
CERTIFICATION	23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory street, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST Approximate interval Betw Onset and Dr. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C									
BY PHYSICIAN: MEDICAL C		vetan			euse given in Pe	PERFORI	AED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	E OF DEATN (Check					
r PHYS	27. MANNER OF DEATN Netural 5 Pending	Theatlent 2 ER/Outpetlent 3 DOA 4 Nursing Nome 5 Reeldence 8 Other (Specify)								
	2 Accident Investigation 3 Suicide 8 Could not ba detarmined Coulding, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner ea stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ral- r	v.D.		D -275			ED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WN	n Chain	huina.	Print)	Stenh	165°	21061			
	31. DATE FILED (Month, SEP 12	10 9 REGISTRAR'S SIGN	COLDAND BOOK	lace)						

January M. Com

全电流,pp 3

0000	
'n	
21215-	
LAND	
MARYL/	
BALTIMORE,	
M	
E	
BA	

_	
_	•
7	?
9	•
2	:
68760	1
	•
\Rightarrow	5
ROX	
č	
-	4
	:
C	,
۵	۰
-	•
10	r
9.	•
	ľ
α	:
RECOF	ì
7	
_	1
Щ	ļ
0	,
	ı
	ļ
. 4	
-	•
7	•
-	•
ш	
Ö	ì
-	7
Z	•
-	
~	1
00	

TO THE HOSPITAL DR ATTENDINS PHYSICIAN. The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTABLY: I fam. 28 is marked or litem 23 shows any Inlury, or other traumable event, the medical examiner must be neitlined at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	1	24858
---	---	-------

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIEN	91	24	858	
1100	1. DECEDENT'S NAME (First, Middle, Lest)	GEORGE RAYM		FERMAN		2. DATE O	OF DEATH) / DA		YEAR 991	TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 220-14-6072	5. SEX 8. AGE		Dey. Year)	925	MARYL		ign			
TOR		FACILITY NAME (If not institution, give street and number) 604 B ST. MARY'S STREET CITY. C						9c. COUNTY OF DEATH BALTIMORE			
DIRECTOR	10a. STATE 10b. COUNT	Y CIMORE		ONSVILLI				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 5604 B ST. MARY	S STREET		101.	ZIP CODE 21207			_	U.S.A		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 XYES IF YES, GIVE WAR OR D	2 NO	If yes, spec	INDENT OF HISPA city Cuban, Maxico 2 X NO Specia	an, Puarto R	? (Specify Yearlican, etc.)	or No-	14. RACE — Black, Wi Specify:	American Indian, hite, etc. WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of word life. Do NOT use in PLUMBER	SUAL OCCUPATION is done during most etired.)	N t of working	16b.	KIND OF BUS		JSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) GEORGE SCHAFFERM	ian			18. MOTHER'S NA EMMA	AME (First, M VAN (liddle, Maiden				
5	190. INFORMANT'S NAME (Type/Print) HELEN MARIE SCHA 200, METHOD OF DISPOSITION		E) 5604	B ST. M	ARY S	REET,	CATON	SVILI	E,MD.		
	1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE LIF	noval from State	PLACE AND DATE OF I	E CEMET	ERY 9/1	CHITY	PIK	ESVII		RYLAND	
. (23. PART I. Enter the diseases, or	Degle		1630 E	M. & RUS DMONDSON	N AVE	NUE, CA	TONSV	ILLE,		
CERTIFICATION	ahock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	ligna	nt lu	elan				interval Bet Onset and I 9 Mon 3 Yea	Deeth
N: MEDICAL	PART ii. Other significant condition	ns contributing to death b	out not resulting in	the underlying	cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINI NLABLE PRIOR TO MPLETION DF CAI DEATH?	USE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (CI	heck only on					_
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOF	IRY AT		CRIBE HOW I	NJURY OCC	URED		
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, stre		ES 2 NO		ATION (Street or Town, State)	and Number	or Rural Route	9 Number,	
COMPLETED	0001	SICIAN: To the beat of my know								d manner as stat	ted.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	iR C			29c. LICENSE NU			29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI					625		-	1-11	-1791	
	MATILDA SO M.D.	1447 YORK I		ERVILLE,	MARYLAN	D 212	93				
	DEP I 2 1991 &	he Davidson-Ran	dell								



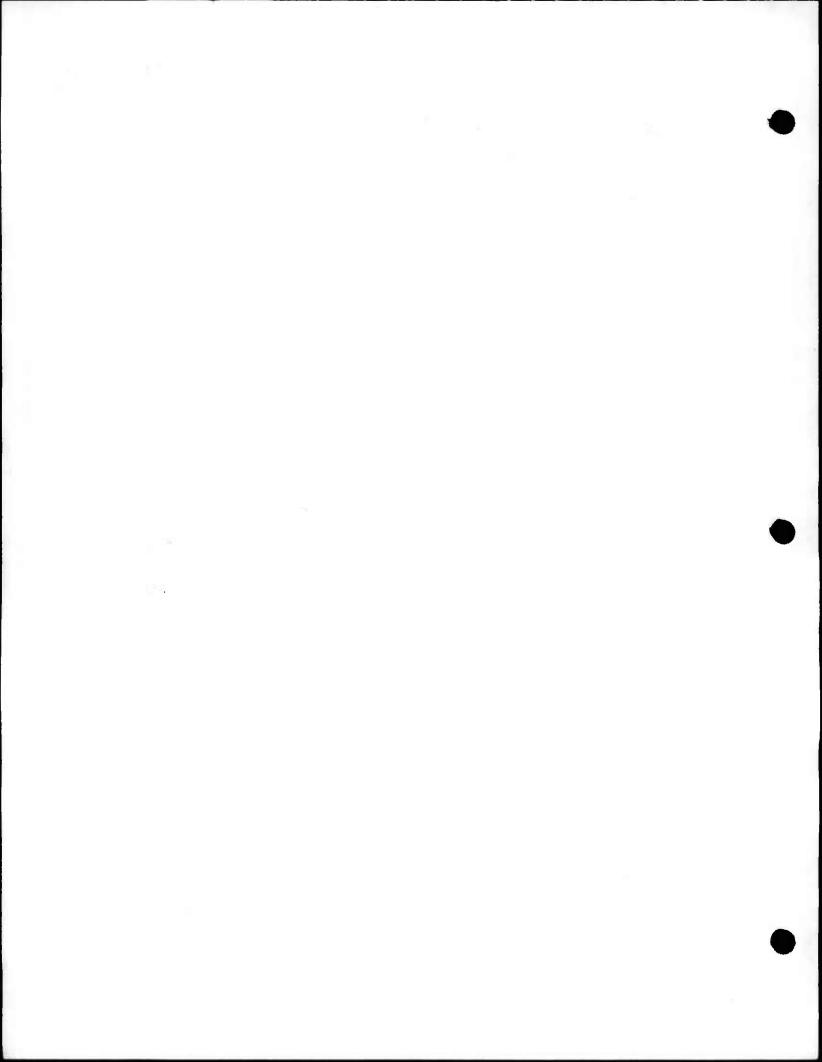
Andrew Lotte

BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

ú	- N
13146	patricular
×	2
, P.O. BOX	w requires that the death certificate he executed with
σ.	death
S	the
분	that
RECORDS	racuitrac
	1
4	2
OF VITAL	PARM-
L.	À
0	ľ
폿	Æ
DIVISION	STATE AND
숡	8
_	Secure

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA				GIENE	<i>J</i>	24009		
0	1. DECEDENT'S NAME (Flort, Middle, Last)	ALBERT TEH	HINE / PETE	WART		2. DATE OF DE	DAY	GYEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 2 D3 - 09-025992597	MAIDE 1 XW 2 XF 9() YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, De)	1901				
OR	9a. FACILITY NAME (If not institution, give st BON SECOURS HOSP	The state of the s	9b.		OWN OR LOCATION OF DEATH 19c. COUNTY OF DEATH LTIMORE						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		WN OR LOCAT	ON				10d. INSIDE CITY			
뜸	MARYLAND		BALT	IMORE					LIMITS? t ₩ YES 2 NO		
	10e. STREET AND NUMBER				. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?		
	127 W. HAMBURG S	TREET,		_ 2	1230		1	USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spi	ENDENT OF HISPAN acify, Cuban, Mexicar 2 1 NO Specify	n, Puerto Ricen,	ecify Yea or No atc.)	Spec	E — American Indian, ik, White, atc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USU (Give kind of work of life. Do NOT use reb	done durina mo	DN st of working	16b. KIND	OF BUSINESS	/INDUSTRY			
N N	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	MF (First Middle	Maiden Sumen	nel			
		WART			MAMIE		VART				
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Rural F			s, Zip Code)			
2	MARTHA ROACH		127 W.	HAMBUR	G STREET	, BALT	IMORE,	MARYI	AND 21230		
	20g, METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Remo	oval from State 20b.	PLACE OF DISPOSITION RBUTUS ME	N (Name of cer	netery, crematory or		20c. LOCATION	N — City or T			
	21. SIGNATURE OF FUNERAL SERVICE ISC	M ELE	7	ESTEP	BROTHER EUTAW PL	S FUNE	RAL HON	ME,P.A			
	23. PART I. Enter the diseases, or cashock, or/peart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on as	the death. Do not a chilina.	Cu	de of dying, such	h aa cardiac	Franch	arrest,	Approximata Interval Batween Onset and Daath		
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								6			
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to death bu	it not resulting in th	ne underfyln	g cause given in		WAS AN AUTOR PERFORMED? YES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26, PI	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		HER:	e 6 Residence		nelfv)				
Ť	27. MANNER OF DEATH	26s, DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT		E HOW INJURY	OCCURED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUHY	M 1 🗆							
	3 Suicide 6 Could not be determined	Accident investigation Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street City or Town. State							and Number or Rural Route Number,		
COMPLETED	cost only	CIAN: To the best of my knowle R: On the basis of examination							(a) and menner as stated,		
TO BE CC	29b. SIGNAPUNE AND TITLE OF CERTIFIER	pla Han	0		29c. LICENSE NUI				(Month, Day, Year)		
F	36 WAME/AND ADDRESS OF PERSON WH	D. GM	Ales 1	hor-	2(1)	M. B	urs Baltu	un.	My 2122		
1	31. DATE FILED (Month, Day, Year) SFP 1 2, 1991	32. BEGISTBAR'S SIGNA	Mandelle						}		



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tiours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE	OF DEATH		MEAD	3. TIME OF DEATH	
		cles		carpello						9	7	١,	91	M	
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)		PLACE (State or Foreign	
	059-14-310		1 K M 2 F	-77-	79 YRS.					7 4 12					
~	9a. FACILITY NAME (If not in		9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH					
FUNERAL DIRECTOR	120 Jefferson Ave.						Cockeysville					I	Balto.		
E C	10a. STATE 10b. COUNTY					19c. CITY, TOWN OR LOCATION									
듬											100			10d. INSIDE CITY LIMITS?	
7	Maryland 104. STREET AND NUMBER		Cocke		ZIP CODE				10a CITA		1 YES 2 NO				
ER	120 Jet							55. 9	log. Cit						
3	11. MARITAL STATUS	Terso	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	210		? (Specify Yes	or No.	U.S.	American Indian.	
BY F	1 Never Married 2	Married		YES 2 NAR OR DATES	10		If yes, sp	2 JNO	n, Maxicar Specify	n, Puarto F	tican, etc.)		Black, Specifi	White, etc.	
								n				Y	Specin	White	
COMPLETED	15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)	/G	ive kind of	USUAL O	CCUPATIO	ON sl of workin	na	16b.	KIND OF BUS	SINESS/IND	USTRY		
빌	Elementary/Secondary (6	0-12)	College (1-4 or 5		Do NOT u	se retired.)									
M			3		Ca	otair	1				Merch		larin	es	
	17. FATHER'S NAME (First, M	C-Direct						18. MOTH	IER'S NAI	ME (First, A	liddle, Maiden	Surname)			
BE	Juiseppe 19a. INFORMANT'S NAME (1		arpello							aria		Rizzo			
2				191	b. MAILING	ADDRESS	(Street a	nd Number	or Rural A	Poute Numb	er, City or Town	n, State, Zip	Code)		
	Mrs. Carme		rpello			ame a	The second second	_							
	1 Rudal 2 Committee	n 2 Da-	novel from State	20b. PLACE /	metory or o	ther place)				DATE		CATION —			
	4 Donallon 5 Other 21. SIGNATURE OF FUNERA	(Specify)	ntombment	Dolar Dolar	ney V						./þ1	Time	nium	, Maryland	
	11/11	60	777	1/		22.	NAME AN	D ADDRES	S OF FAC	CILITY	1050	Vork	5 d	21204	
	I on all	- R	ekaler.	Si		Di	ack 1	Fource	n Fr	mers	1 Home	Tr	. ~	21204	
	23. PART I. Enter the d	iseasea, pr	complications the	t caused the de	ath. Do r	not anter	the mp	de of dyl	ng, auch	aa card	lac or respi	ratory arr	est,	Approximata	
	IMMEDIATE CAUSE (Fir	nai												interval Between Onset and Death	
	disease or condition resulting in death)	→	a. Plo	GNM	cordi	rd	70	Caro	r.an	-					
1	Constitution of the Consti		DUE TO	(OR AS A CONSEC	DUENCE O	F):									
3	Sequentially list condit	Inna C	b												
Ĕ	if any, leading to imme cause. Enter UNDERLY	diata	DUE TO	(OR AS A CONSEC	DUENCE O	F);									
CERTIFICATION	CAUSE (Disease or inju		C	(OD 40 4 00)											
Ē	that initiated eventa reaulting in death) LAS	т	502 10	(OR AS A CONSEC	DUENCE DI	F):									
8			d			-									
7	PART ii. Other significa	nt condition	ne contributing to	death but not re	eaulting i	in the un	deriying	cause g	lven in F	Part i.	24a. WAS AN		24b. 1	WERE AUTOPSY FINDINGS	
Š											PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL										_	T TES 2	pro	- 1	OF DEATH?	
- 11														TES 2 DONO	
<u> </u>	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					28. PL	ACE OF DE	ATH (Che	ck only one	»)				
Sic	1 TES 2 UNO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			8 🗆 Other					
PHYSICIAN:	27, MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJI	JRY AT			CRIBE HOW IN	JURY OCC	URED		
84		Pending Investigation	(Moran, D	ay, rear)	INJ	URY M	1 Y	ES_2	NO		-				
	2 Culate	Could not be	28a. PLACE O	F INJURY — At hor etc. (Specify)	me, ferm, a	street, facto	ory, office			281. LOCA	TION (Street a	nd Number	or Rural Ro	ute Number,	
TED	4 Homicide	determined	Juliung,	www. (opocny)	_					City o	r Town, State)				
COMPLET	29a. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowledge, dag	th occum	ed at the ti	me date	and place	and due t	to the saw					
Š	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	camination and/or is	nveatigatio	n, in my o	pinion, de	and place,	d at the t	lme date	end place, and	ner sa atate	id,	and manner as stated.	
	29b. SIGNATURE AND TITLE			. 1							and prace, and				
H	2-5		longer	M				29c. LICE		BER		29d. DATE	SIGNED	Month, Day, Year)	
유	30. NAME AND ADDRESS OF			SE OF DEATH STEE	27) /3	Drine's		1. 1.	133	140		C	1101	121	
	Jeon Palar 31. DATE FILED (Month, Day,		M D F	HOWAY	d.	VAR	M. CR	t 1	lowa:	rd,	Md	2105	2		
	SEP 1 2 19			m-fandell											
	CEI IN IO	0		-											

TO BE COMPLETED B	TO BE COMPLETED BY BUXBICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
'되	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
ir death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending
DALIIMORE, MARTLAND 21213-0	DIVISION OF VITAL RECORDS, P.O. BOX 66760,

SEP 12 1991

ermit. Pages 1, 2, 3 should

	Mary		Stump		2. DATE OF DEATH	91EAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 212–24–9055	5. SEX 6.	AGE (In yrs. lest birthde	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-1-27	Count	HPLACE (State or Foreign ry)		
90. FACILITY NAME (If not institution, give 8011 edgewater i			96. CITY, TOWN	on Location of o		oc. COUNTY OF C			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c. (CITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
MD Ba.	ltimore		Roseda.				1 TYES 2 NO		
8011 Edgewater				21237		USA	WHAT COUNTRY?		
11. MARITAL STATUS Never Married 2 Married Married	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2. NO Specif	NIC ORIGIN? (Specify Yea o in, Puerto Rican, etc.) y:	or No.— 14, RAC Blac Spec	E — American Indian, k, White, atc. ://y: White		
15. OECEDENT'S ED (Specify only highest gree Elementary/Secondary (0-12)		(Give kind	T'S USUAL OCCUPAT of work done during m T use retired.)	ION lost of working	166, KIND OF BUSIN	ness/inoustry			
17. FATHER'S NAME (First, Middle, Last) Fuller Henry St	ni th				ME (First, Middle, Maiden Stanor May Mo	urname)			
9a. INFORMANT'S NAME (Type/Print)	til OII	10h MAN	INC ADDRESS (Samus		Route Number, City or Town,				
Michael Stump			1 Edgewat		Baltimore		237		
0a. METHOO OF DISPOSITION	movel from State	20b. PLACE AND DA	TEOF DISPOSITION (A	lame of	OATE 20c, LOC	ATION — City or To	own, Stata		
☐ Burial 2 Cremation 3 ☐ Ra ☐ Donation 5 ☐ Other (Specify)		Metro	Crematory			atonsvi.	lle, MD		
11. SIGNATURE OF FÜNERAL SERVICE I	ICENSEE	May		ch/Roseda Chesaco	le Funeral Ave.	HOme			
23. PART I. Enter the diseees, or ehock, or heert failure IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentielly liet conditions,	a. Concerns that con List only one cause Due 10 to Due 1	shive he	art fo	allure	n ea cerdiec or reepin	atory arrest,	Approximete Interval Betwoonset and D		
f any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated eventa resulting in death) LAST					ung dise	ease			
PART II. Other significant condition	one contributing to de	eth but not resultir	ng in the undarlyl	ng ceuse given in	Part I. 24a. WAS AN A PERFORM 1 YES 2 2	IED?	b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO		
15. WAS CASE REFERRED TO MEDICAL			26. (PLACE OF DEATH (C)	neck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DO/	OTHER:	me 5 🗆 Residence	nce 6 Other (Specify)				
1 Natural 5 Pending 2 Accident Property	28a. DATE OF IN (Month, Day,		INJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN.				
3 Suicide 8 Could not b	280 PLACE OF I	NJURY — At home, fan c. (Specify)	m, atreet, factory, off	lca	281. LOCATION (Street an City or Town, State)	d Number or Flural	Route Number,		
					to the course(s) and more	are saw			
onel	SICIAN: To the best of m				time, data and place, and		a) and manner as state		

ours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

ING PHYSICIAN: The law requires that the death certificate be executed within GION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1. DECEDENT'S NAME (First, Middle, Li	J		SOBOL	BOLEWSKI			2. DATE OF DEATH DAY		AY .	YEAR 91	3. TIME OF DEA	
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In	yrs. last birth			IF UNDER		7. DATE OF (Month, C	BIRTH	\neg	6. BIRTH	PLACE (State or
	217-22-4036	1 M 2 D F		62 YF	RS. MONTHS	DAYS	HOURS	MIN.	11-1	0-28	3	MAR	YLANN
_	9a. FACILITY NAME (If not institution, g				9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
стов	MERIDIAN NURS										BALTIMORE		
W 1	10a. STATE 10b. COL	CITY, TOWN OR LOCATION							10d. INSIDE CIT				
MG	ARYLAND BA	ALTIMORE									1X YES 2		
AL	10e. STREET AND NUMBER				10f. ZIP CODE					10g. CITIZEN OF			HAT COUNTRY?
FUNERAL	7906 31st STF				2123				US	A			
BY FU	11, MARITAL STATUS 1 \times Never Merried 2 \to Married 3 \to Widowed 4 \to Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 X YES	2 NO		If yes, sp		ın, Maxica	IIC ORIGIN? (n, Puerto Ric :		or No—	Black Specif	— American Ind t, White, etc. dy: HITE
E	15. DECEDENT'S (Specify only highest g	EDUCATION	1		NT'S USUAL O			ng	18b. K	IND OF BU	SINESS/IND		12 12
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5		Ille. Do N	kind of work done during most of working to NOT use retired.)								
COMPLET	8 YEARS			LIFT	TRUC	K O	_				AN N	ATN	'L CAN
8	17. FATHER'S NAME (First, Middle, Last,								ME (First, Mid				
BE	KOSEPH SOBOLE	.WSKI		T 425 114	***** * DODEC	- Change			TOMAS			*****	
PM	R. DANIEL SOBO	HEWSKI		SAI	ILING ADDRES M.F.	S (Street)	and Numbe	r or Hurai i	Route Number,	City or low	m, Stare, Zip	Code)	
	20a. METHOD OF DISPOSITION		20b. F	PLACE OF DI	ISPOSITION (N	ame of ce	metery, crei	matory or		20c. LO	CATION —	City or To	wn, State
	1 Burial 2 December 3 1 Tonation 3 Tonation 6 Other (Specify)	Removal from Stata	_ GR°	EENM	OUNT	CEM			1-91				TY MD.
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			22.	MANEA	NP APPR	SS OF FA	FUNE	-PAI	ном		
	(* thumby	NI	0										
	23. PART I. Emer the diseases, abock, or heart talk iMMEDIATE CAUSE (Final disease or condition rasulting in death)	or complications the	nuse on eac	Ragi									Approximaterval Onest a
rification	ahock, or heart talk iMMEDIATE CAUSE (Final disease or condition rauuting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. B. O. Due To	nuse on eac	ONSEQUEN	Do not enter								Approxi
AL CERTIFICATION	shock, or heart talk IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Due to	TO (OR AS A C	CONSEQUENCE	Do not enter	Oes	a Carlos	Acc	h sa cerdie	c or resp	I AUTOPSY	reat,	Approxi interval Onsat a
MEDICAL	shock, or heart talk IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. Due to	TO (OR AS A C	CONSEQUENCE	Do not enter	Oes	a Carlos	Acc	Part I. 2	c or resp	AUTOPSY RIMED?	reat,	Approxi interval Oneat a
MEDICAL	ahock, or heart talk IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent cond	a. Due To Due To de Contributing to the Contri	TO (OR AS A C	CONSEQUENCE	CE OF):	Out	a cause	given in	Part I. 2	44. WAS AND PERFO	AUTOPSY RIMED?	reat,	Approxi- interval Onest a Onest a were autopsy amiliable pric completion of of Death?
MEDICAL	ahock, or heart talk IMMEDIATE CAUSE (Final diseese or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent cond	a. Due to Due to Due to de Litiona contributing to	TO (OR AS A C	CONSEQUENCE TO THE TOTAL	Do not enter CE OF): CE OF): ting in the u	r the mo	ng cauan	given in	Part I. 2	44a. WAS AN PERFOI	AUTOPSY RIMED?	reat,	Approxi- interval Onest a Onest a were autopsy amiliable pric completion of of Death?
IYSICIAN: MEDICAL	shock, or heart talk IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER?	DUE TO AL HOSPITAL: Injection 2 28a. DATE O (Month,	TO (OR AS A CO (OR	CONSEQUENCE TO THE PROPERTY OF	Do not enter CE OF): CE OF): ting in the u	r the mo	ng cauan	given in	Part I. 2 eck only one) 8 Other (44a. WAS AN PERFOI	AUTOPSY RIMED?	24b	Approxi- interval Onest a Onest a were autopsy amiliable pric completion of of Death?
ED BY PHYSICIAN: MEDICAL	ahock, or heart talk idsees or condition raulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO AL HOSPITAL: 1 General: 28e. PLACE building	to death but	CONSEQUENT TO THE PROPERTY OF	Do not enter OF): CE OF): CE OF): ting in the u	26. P	ng cause PLACE OF I THE S AT ORKY YES 2 [given in	Part I. 2 eck only one) 6 Other (28d, DESCI	4a. WAS AN PERFOI	I AUTOPSY RMED? 2 ANO	24b	Approxi interval Onaat a Onaat a were autopsy awil.able prix completion o of Death?
MPLETED BY PHYSICIAN: MEDICAL	ahock, or heart talk IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 8 Could no detarmine 29a. CERTIFIER (Check only)	DUE TO AL HOSPITAL: 1 General: 28e. PLACE building	to death but C (OR AS A C O (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C TO (OR AS A C	consequent to result the total and the total	Do not enter CE OF): CE OF): ting in the u OTHE NOA 4 Nu No. TIME OF INJURY M term, street, fee	26. P	PLACE OF I	given in	Part I. 2 eck only one) 8 Other (28d, Desci	As. WAS AN PERFO!	A AUTOPSY RMED? 2 ANO INJURY Occurrence and Number	24b. CURED or Rural F	Approxi Interval Onaet a Onaet
MPLETED BY PHYSICIAN: MEDICAL	ahock, or heart talk IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 8 Could no detarmine 29a. CERTIFIER (Check only)	BUE TO BUE TO	to death but Company	CONSEQUENT TO THE PROPERTY OF	Do not enter CE OF): CE OF): CE OF): ting in the u OTHE No. TIME OF INJURY M term, street, fed	26. P 28c. IN 1 time, dat opinion,	PLACE OF I	given in	Part I. 2 eck only one) 8 Other (26f, LOCAT City or to the cause time, data as	As. WAS AN PERFO!	I AUTOPSY RMED? 2 ANO INJURY OCCURRED AND AND AND AND AND AND AND AND AND AN	24b. CURED or Rural F	Approxi interval Onaet a Onaet
ED BY PHYSICIAN: MEDICAL	ahock, or heart talk IMMEDIATE CAUSE (Final diseese or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART H. Other algnificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 3 Suicide 4 Homicide 6 Could no detarmine 29a. CERTIFIER (Check only one) 2 MEDICAL EXA	AL HOSPITAL: 1 Unperior 2 28a. DATE O (Month, life) 1 Very Control of the best of MINER: On the best of MINER:	O (OR AS A CO)))))))))))))))))))))))))))))))))))	CONSEQUENT TO THE PROPERTY OF	Do not enter CE OF): CE OF): CE OF): ting in the u DOA 4 Nu Nu TIME OF INJURY M Isrm, street, fac	26. P 28c. IN 1 time, dat opinion,	PLACE OF I	given in DEATH (Ch	Part I. 2 eck only one) 8 Other (26f, LOCAT City or to the cause time, data as	As. WAS AN PERFO!	I AUTOPSY RMED? 2 ANO AND AND AND AND AND AND AND AND AND AND	24b. CURED or Rural F	Approxi- Interval Onaet a Were autopsy- Amiliable Price Completition o OF DEATH? 1 YES 2 Route Number, which is a manner as a completition of the completition of

DHMH-18 Rev 1/89

52-15 10

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4.1		1120.011011					<u> </u>		NEO	. NO.		
	,	1. DECEDENT'S NAME (First, Middle, Last)	LESLIE TH						2. DATE OF DEA	TN	YEAR	3. TIME OF OEATN
7		TESTIE T	PRTOM	1 > E	₹.				09 -		991	8-24PM
		4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs. las	et birthday)	IF UNDER 1 Y	EAR IF U	NDER 24 HRS.	7. DATE OF BIRT	N .	6. BIRTNP	LACE (State or Foreign
	1	213-09-2007	1 M 2 D F	82	YRS.	MONTHS D	AYS HOU	RS MIN.	(Month, Day, Y	100	Country)	1/4
욬			7	- 0 ~	1					- V		
pinous	_	9a. FACILITY NAME (If not institution, give st		CENT	-CD			CATION OF OE	ATN		NTY OF DE	
2, 3	DIRECTOR	HARBOR HOS	PITAL	CENI	ER	BAL	丁州	ORE		131	LLT.	MORE
	5	RESIDENCE OF DECEDENT				-						
Pages	끭	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR I	LOCATION					IOd. INSIDE CITY LIMITS?
20	ā	Ma				1991	10					YES 2 NO
jE.	ايا	10e. STREET AND NUMBER	4 4 4				101. ZIP	CODE	/	10g. CIT	IZEN OF WI	IAT COUNTRY?
physician. burial-transit permit.	FUNERAL	2709 Koung	101				2	17.75			11	-A
an.	빌						-	100			1.	3.17
physician burial-tra	5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	RMED NO				IIC ORIGIN? (Spec n, Puerto Rican, e		14. RACE - Black,	- American Indian, White, etc.
	ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA			1 [YES 2	NO Specify	<i>/</i> :	,	Specify	2/2/18
ging .		3 Wildwid 4 Divorced	150 150 150 150 150				/\					precor
attending se as the	品	15. DECEDENT'S EDUC (Specify only highest grade				USUAL OCCU		and/or		OF BUSINESS/INI		
8 8	H	Elemantary/Secondary (0-12)	College (1-4 or 5 +)	life	Do NOT us	work done duri se retired.)	ng most or v	rorang	BA	th Ste	el	
	7	84							(00)		- {	
and t	COMPLI	17. FATNER'S NAME (First, Middle, Last)					1.00	110TAIE010 ALA	ME (Control of the co	4-12-10-1-1		
Sign F	8	TO THE STREET STREET, MICHOLOGY, CHISTI)	1.				10	A . In	ME (First, Middle, I	1	_	
	H	loe J. Inorn	TUN				r	lacru	e Ir	iornior	<u>'</u>	
12 4	- 1	19a. INFORMANT'S NAME (Type/Print)		-19	b. MAILING	ADDRESS (S	treet and Nu	mber or Rural F	Route Number, City	or Town, State, Zi	Code)	
S should	2	Year Thorn	100		270	9 X01	und	128	Bo 1	to Md	2	1225
ay be		20a METNOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name	of cemetery	cremetory or	1 2	Oc. LOCATION	City or Tow	n. State
ector, pa must b		1 M Burlel 2 - Cremation 3 - Rem	oval from State	other p		odlai	a) in	Para-	toren	7) //	b. 1	, 51410
a a		4 Donation 5 Other (Specify)		1	VVC	oalai	un	ceme	144	Balto,	170	
o = =		21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	1		22. NA		DRESS OF FA	CILITY			
death.		MATIA	Yliham			Ma	urch	- Hitt	200	In Amel	M	no .
F 3 W		1 June	Will					7	200 W	TWO USV	ירן	~
d in by the or removal		23. PART i. Enter the diseases, or o shock, or heart fellure.	complications that List only one caus	csused the de	eath. Do i	not enter th	e mode o	f dying, suci	h ss cerdisc or	respiratory sr	rest,	Approximate interval Between
		IMMEDIATE CALICE (Fine)										Onset and Death
		disease or condition	RES	DIRA	TO	DV	FA	1110	RE			
ompletely filk li, cremation, event, the	H	resulting in deeth)	B. DUE TO	DD AS A CONSE	OHENCE	N .		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
B 2 - 6			L1 7 4	DI AS A CONSE	A- A	t). 	DE					
e be executed sician and com nior to burial, traumatic en	Z	Sequentially list conditions,	b. 1747	RT	FA	ILU,	KE					
8 "0 =	Ĕ	if any, lasding to immediate	A DUE TO (OR AS A CONSE	OUENCE O	F):	Do-		ABATTO		0.1	
ysicia prior	3	Gause. Enter UNDERLYING CAUSE (Disease or injury										
nding phys Hygiene p	프	that initiated events	DUE TO (OR AS A CONSE	OUENCE O	F):						
h cer anding Hygi	듄	resulting in desth) LAST										
= 0 =	CERTIFICATION											
We We		PART ii. Other significant condition	ns contributing to	death but not	resuiting	in the unde	rlying cau	ise given in	Part i. 24s. V	AS AN AUTOPSY		WERE AUTOPSY FINDINGS
by and	WEDICAL									ERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
signed Health a	ā	-							_ 1 1	YES 2 NO		OF DEATN?
	¥		_						1			1 YES 2 NO
	ä											
he law has be bept. m 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATN (Ch	eck only one)			
N: The ficate h State L	35	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	a Name 6	□ Besidens-	6 Other (Spec	Mu).		
CIA!	¥	27. MANNER OF DEATN	26a, OATE OF		26b. TIN		Bc. INJURY			NOW INJURY OF	CHBED	
ing PHYS inter this c eath with marked,	4	1 Natural 5 Pending	(Month, Da	y, Year)		JURY	WORK?		Sed. DESCRIBE	non mount oc	CONED	
After the death	B	2 Accident Investigation				M	1 L YES	2 NO				
R. Af		3 Suicide 6 Could not be	26e, PLACE OF building, e	INJURY - At h	ome, farm,	street, factory	, office		281. LOCATION City or Town	(Street and Number, State)	or Runal Ro	oute Number,
ATTENDING PHYSICIAN: The law ECTOR: After this certificate has b s after death with the State Dept 1 28 is marked, or Item 23	ш	4 Nomicide determined							,			
OR ATTENDING DIRECTOR: After hours after death Item 28 Is ma	Ш	29s. CERTIFIER A NOCEDIEVING PAIVE	CIAN To the heat of	and the second second second	andh e	and and alternative	a deta	-t			4.4	
国内は	₩	(Check only										
HOSPITAL FUNERAL Within 72	COMPLET	2 MEDICAL EXAMINE	EH: On the basis of ax	emination and/or	Investigati	on, in my opli	nion, death	occured at the	tima, date and pl	ace, and due to t	he cause(a)	and manner as stated.
F FU		29b. SINATURE AND TITLE OF CERTIFIE	Я	_			290	LICENSE NUI	MBER	29d, DA	TE SIGNED	(Month, Day, Ybar)
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	B	The Laman	MA	PHYSI	CIA	V	A	524	41614	63 >00	7-10	1991
668₹	입	20 NAME AND RUDDESS OF BEDS OF HE		_			/ \	VAT	1			(
	-	30. NAME AND ADDRESS OF PERSON WI	T A A A	7 AA J	EH 2/) (1)/PI	A ATT I A	D 4	- D.	J - Program 4 & 4	MDF	M	D21230
		J. V. SELVARA				NOVE	R.S.	DA	LIM	UKE		421230
6		31. DATE FILED (Month, Day, Year)		S'S SIGNATURE								
		SEP 1 2 1991	gina vavid	DOM-No.	-							

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

-	
13146	
<u></u>	
-	
×	
BOX	
<u>Р</u> О	
n'	
S	
무	
7	
ၓ	
RECORDS	
Œ	
Ļ	
2	
5	
OF VITAL	
á	
=	
DIVISION	
\leq	

2. DATE OF DEATH EULA ELIZABETH UPP SEPTEMBER 11 1991 2:00 A. 4. SOCIÁL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS SEPT. 27, 1906 289-22-9959 84 MICHIGAN page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a Facility NAME (If not institution, give street and n 9b, CITY, TOWN OR LOCATION OF OEATH 90 COUPLY OF DEATH FUNERAL DIRECTOR LORIEN NURSING HOME COLUMBIA HOWARD RESIDENCE OF DECEDENT tOn STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY OHIO LUCAS TOLEDO 1 X YES 2 NO toe. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3336 DRUMMOND 43606 U.S.A. urs after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Pu 1 TES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comple Flementary/Secondary (0-12) College (1-4 or 5 +) EACHER PUBLIC SCHOOL be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BLANCHE WILLIAMS FRED HOWEY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MELINDA UPP 5698 THICKET LANE, COLUMBIA, MARYLAND 21044 (DAUGHTER) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20a, METHOD OF DISPOSITION

1 A Buriel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State examiner must WOODLAWN CEMETERY filled in by the funeral director, 9/13/91 TOLEDO, OHIO 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES ussellal 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Interval Between cremation, or Onset and Dasth IMMEDIATE CAUSE (Final disease or condition resulting in death) een signed by the attending physician and completely in the atth and Mental Hygiene prior to burial, cremation lunes DUE TO OR AS A CONSEQUENCE OF): other traumatic DUE TO (OR AS A CONSEQUENCE OF) DZI MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING eg CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 in ury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAR ARLE PRIOR TO Rev onan COMPLETION OF CAUSE OF DEATH? law requires that shows any 1 TES 2 NO 1 YES 2 NO рееп certificate has been the State Dept. of PHYSICIAN: item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) The OTHER: 1 YES 2 1 | Inpatient 2 | ER/Outpetient 3 | DOA OR ATTENDING PHYSICIAN: ng Home 5 - Residence 6 - Other (Specify) marked, or the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c, INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED with w 1 Natural 1 YES 2 NO BY Affer death 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Affe be filed within 72 hours after deal IMPORTANT: If Item 28 is m 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 6 Could not be determined COMPLETED 4 Homicide 1 ACERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. * Image: A medical EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year) BE 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) ULUD Lina Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



24864

REG NO

46	physician.
21203-3146	attending
2	6
AND 2	hospital
A	the
_	3
MARYL,	retained
	8
Ä,	may
\overline{a}	9
ĭ	Page
BALTIMORE	death.
Ø	after
_	5

filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.

cremation,

burial,

8

attending physician ntal Hygiene prior to

signed by the atten Health and Mental F

6

State

the

this c

After

DIRECTOR: /

completely

and

permit. Pages 1, 2, 3 should

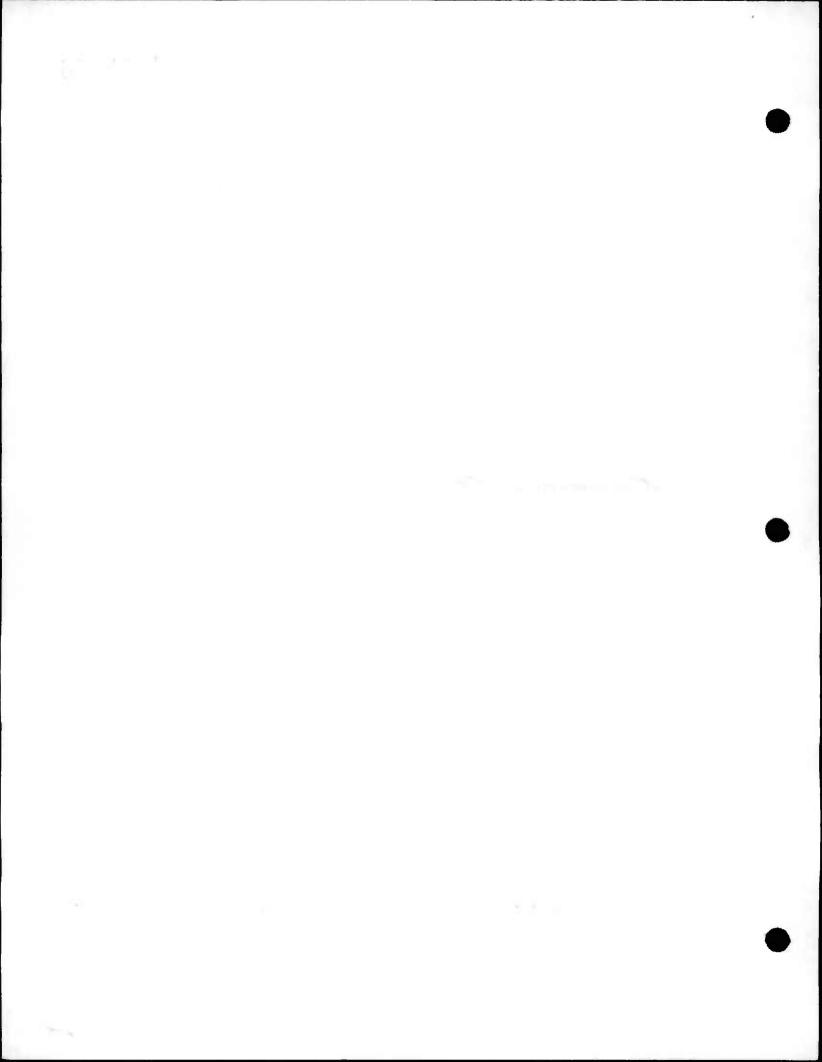
	13
ģ	within
1314	pxecuted
×	9
0	ate
o D	certific
7.	death
ທົ	he
문	that t
ECO	requires
	WE
⋖	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
/ISION	ATTENDING
\leq	RO
أسا	PITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 9DAN SEPT. 1997 5:45 P. DANIEL I., WETZEL. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH
(Month, Day, Year
JULY 13, 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. NEW YORK 107-01-8310 1XXM 2 □ F 1911 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BON SECOURS EXTENDED CARE ELLICOTT CITY HOWARD DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE 10b. COUNTY HOWARD COLUMBIA 1 YES 2 NO MARYLAND 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL U.S.A. 5476 CEDAR LANE # A 3 21044 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerlo Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: 1 Never Merried 2 Married Specify:WHITE ВУ 3 Nidowed 4 Divorced 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) ACCOUNTANT ACCOUNTING FIRM 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DANIEL HART WETZEL FLORENCE SWEET te BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3505 LAKEWAY DRIVE, ELLICOTT CITY, MD. DOUGLAS BURRITT (NEPHEW) Pe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State must METRO CREMATORY 9/11/91 CATONSVILLE, MARYLAND 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNE LAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 woodeal medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate interval Between ahock, or heart feliure. List only one ceuse on each line. Onaet and Death IMMEDIATE CAUSE (Finel the METASTATIC CARCINOMA OF THE COLON diseese or condition resulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 injury, 24a. WAS AN AUTOPSY PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL PERFORMED? COMPLETION OF CAUSE shows any 1 | YES 2 | NO 1 TYES 2 NO has by Dept. 23 st PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 XNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 Natural 5 Pendir 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 Is COMPLETED 8 Could not be 4 Homicide TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (NOPO Day, Year) BE D 20708 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William Flowers, M.D. 11055 Little Patuxent Parkway, suite 104 Columbia Md. 2104

32 REGISTRAR'S HONATURES



SEP 1 2 1991



anding S	as the		
att	use		
	J for		
dsou	sche		6
E E	deta		0
6	eq p		The P
allie	hou		iffle
e lei	8 2 s		not
ay D	bag		t be
Þ	ctor,		SIL
200	dire		196
TO THE HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within.	funera	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Hem 28 is marked or Hem 23 shows any Injury or other traumatic event, the medical examiner must be notified at once.
101	the	DVal.	6
IS 3	100	rem	adle
Ž,	led	1, 00	E 4
S	H A	ation	Ē
MIDI	mpleti	, crem	event
	00 p	unial	tie i
9	n an	10	ma
90	sicia	prior	E.
22	6	ene	ther
000	ndin	Hyg	0 10
Dean	atte	entai	2
ale	y the	M	nie.
mar	ed b	th an	AUR
ulles	Sign	Heal	37
red	been	. of	she
e law	has	Depl	23
-	cate	State	ten
S	ertifi	the	2
H.S	his c	With	pea
NG	fter t	ath	mar
NO.	R: A	er de	8
A	500	s aft	28
OR.	DIR	hour	Hen
PIA	RAL	77	11 -1
SS	FUNE	withis	TAND
7	HE	iled	MU
2	2	be	M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	2486
1411. 1	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM	MENT OF HEALTH AND NO	MENTAL HYGIENE REG. NO.	24866			
	1. DECEDENT'S NAME (First, Middle, Lest)	Winston		2. DATE OF DEATH MONTH DAY Y	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 216-50-205		F UNDER 1 YEAR IF UNDER 24 HRS. DATHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) \$ 8.	BIRTHPLACE (State or Foreign Country)			
TOR	90. FACILITY NAME (If not institution, give street Tinns & Even		Be Time	ATH 9c, COUNTY	OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	ombe hane	10f. ZIP CODE) 5 log. CITIZET	N OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Culran, Maxican 1 YES 2 NO Specify	, Puerto Ricen, etc.)	RACE — American Indian, Black, White atc. Specify:			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12)		k done during most of working	16b. KIND OF BUSINESS/INDUS	тяу			
BE CON	17. FATHER'S NAME (First, Middle, Last)	ton	16. MOTHER'S NAI	ME (First, Middle, Maden Surname)				
TO B	190. INFORMANTICAME (Type/Print)	nston 2704	DORESS (Street and Number or Rural, R		to Md. 21215			
	20 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	12 71	MORLE) Park	- Randalls	and.			
	21. SIGNATURE OF FUNERAL SERVICE LICES	won)	122. NAME AND ADDRESS OF FACE	West Balto	Wabash the and 21215			
CERTIFICATION	shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate csuse. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF):	enter the mode of dying, such	se cerdiac or reepiretory erree	Approximate Interval Between Onset and Death 3 days			
SERTIF	that initiated events resulting in death) LAST	DUE TO (ON AS A CONSCOUENCE OF):						
MEDICAL	PART II. Other significant conditions	contributing to death but not resulting in		Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:		HOSPITAL:	26. PLACE OF DEATH (Che DTHER: Nursing Home 5 Residence					
ву РНУ	27. MANNER OF DEATH Death Returns 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year) 26b. TIME (INJUR	OF 28c, INJURY AT	26d. DESCRIBE HOW INJURY OCCUP	RED			
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	onel	AN: To the best of my knowledge, death occurred On the basis of examination and/or investigation,			ause(a) and menner as stated.			
BE	29h. SIGNATURE AND TITLE OF CERTIFIER	inde mp	29c. LICENSE NUM	99d. DATE S	HGNED (Month, Day, Year)			
2	36 NAME AND ADDRESS OF PERSON WHO 3435 W. Bel	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PI	1.7 22 Bel	Timbe MD	21215			
	31. DATE FILED (Month, Day, Year). SFP 1 2 1991	Aria Davidan Mily	as Cal	1.10	-1-1-3			

permit. Pages 1, 2, 3 should

Esmo	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
STRAR	CERTIFICATE OF DEATH	REG. NO

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI	ENT OF HEALTH AND	MENTAL HYGIEI		24867		
1	1. DECEDENT'S NAME (First, Middle, Lest)	raller			2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH 7:23 PM		
	4. SOCIAL SECURITY NUMBER 214-24-5857 9a, FACILITY NAME (If not institution, give ste	1 KM 2 0 F 3	3 YRS. MONT		7. DATE OF BIRTH (Month Day, Year)	8 °	INTHPLACE (State or Foreign ountry) M. G. Grand of Foreign ountry)		
DIRECTOR	Universal of M RESIDENCE OF DECEDENT	d Hospan		Baltinere	DEATH	9c. COUNTY	OF DEATH		
	10e. STATE Md 10b. COUNTY		10c. CITY, TOV	W M DICE			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL		ickory Ridg	e Rel	101. ZIP CODE 2/04	4	(OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	S. ARMED 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puarto Rican, atc.)	3	RACE — American Indian, Black, While, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		8e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of working	16b. KIND OF BU	JSINESS/INDUSTR	₹Y		
00	17. FATHER'S NAME (First, Middle, Last)	nor		18. MOTHER'S N	AME (First, Middle, Melder	Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print) Helera Vennie		19b. MAILING ADDR	IESS (Street and Number or Rural And Ka	Route Number, City or Tox	on, State, Zip Code	nd 21215		
	20e, METHOD OF DISPOSITION 1 Burlel 2 Commetton 3 Ramo Donation Commetter (Specify)		ACE AND DATE OF DIS	1001 - +//04	DATE 20c. L	OCATION - City of	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	CHAN	Jarison	22. NAME AND ADDRESS OF F. March F. 4300	ACILITY 4. West washesh	Ave-	7/115,74		
	23. PART i. Enter the diseases, or contained, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Hypoxi	he death. Do not en hime.	opulmener Sacterial a	th as cardiac or rasp y Ares 1 Vival 1	heuni	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events. Due to (or as a consequence of):								
ERT	that initiated events resulting in deeth) LAST								
PHYSICIAN: MEDICAL (PART II. Other aignificent conditions	contributing to death but	not resulting in the	underlying ceuse given in	Part I. 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)				
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpeti		IER: Nursing Home 5 - Rasidence					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	0		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, streat,		281. LOCATION (Street City or Town, State	and Number or Ru	iral Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowled	ga, death occurred at I	ne time, data and place, and du	n to the cause(s) and ma	nner as atated.	se(s) and manner as stated.		
H	295. SIGNATURE AND TITLE OF CERTIFIER	MP		29c. LICENSE NU			NED (Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO			9 4	1				
	SEP 1 2 1991	fish Day ason Signar	100m						

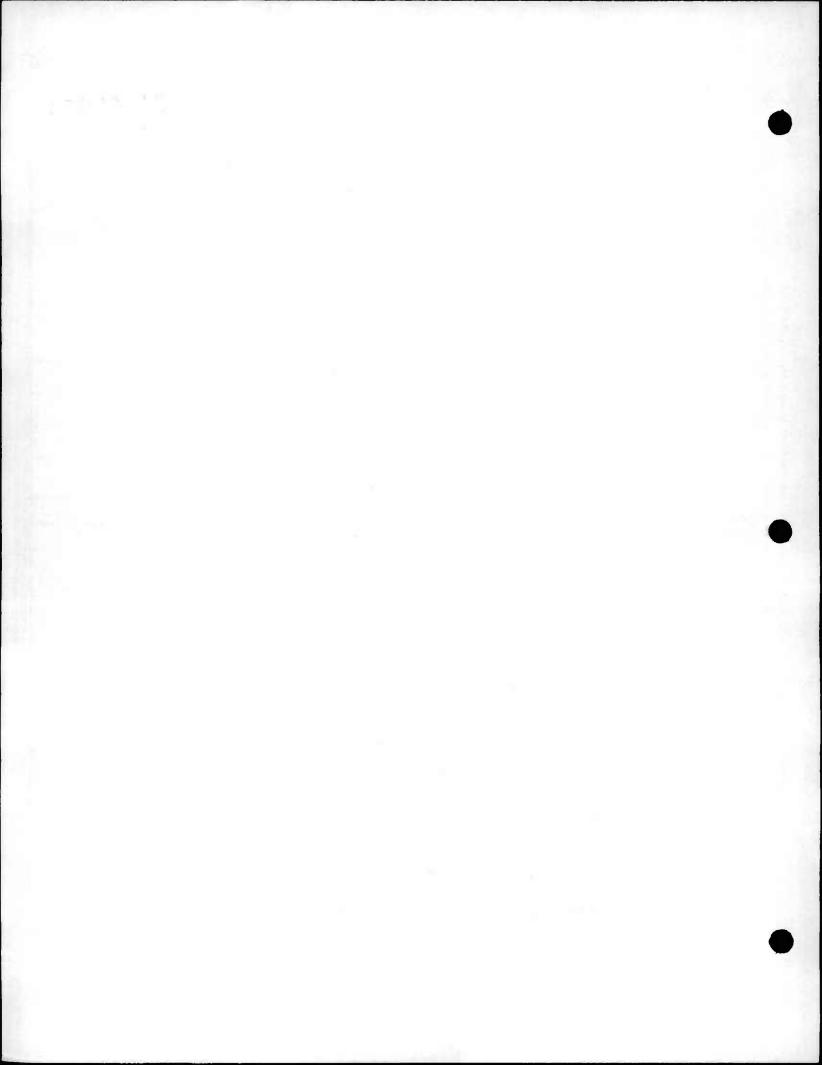
M 133 13

10

.

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALIIMORE, MARYLAND 21203-3146	AYSIGIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be find within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	

			- CL	.NIII	ICATE	- 01	DEAL	п ,	REG.		7	711460
	1. DECEDENT'S NAME (First, Middle, Last) Mary Emma	Wilbur							2. DATE OF DEATH	DAY	YEAR 91	6-TIME DEDUCTION
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	-	a. BIRTH	PLACE (State or Foreign
	169-20-1791	1 🗆 M 2 💢 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	7-31-18	396	Mary	"land
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	, TOWN D	R LOCATIO	ON OF DE	ATH	9c. CC	OUNTY OF D	
OR	Lorien Nursing Home Baltimore											
5	10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION											
DIRECTOR										10d. INSIDE CITY LIMITS?		
		Maryland Baltimore Middle River 100, STREET AND NUMBER 100, CITIZEN DF W								1 YES 2 X NO		
FUNERAL	828 Seneca Park I	Rd					21220				S.A.	
Š	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.				IC DRIGIN? (Specify		14. RACE	- American Indian,
BY	1 Never Married 2 Married 3 💢 Widowed 4 Divorced	FORCES? 1	YES 2 X N MAR OR DATES	D		If yes, spe 1 YES	2 X NO	Specify	, Puerto Rican, etc.)	Black	hite
5	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE6	CEDENT'S	USUAL O	CCUPATIO	ON at of working	a	16b, KIND OF	BUSINESS/I	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5)		work done ise retired.)			9				
2	9 Yrs.		Mar	nager	r- Ca	ifete			Balto.			hools
3	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Ma)	
N N	Charles Parsons	5						zabe				
2	19a, INFORMANT'S NAME (Type/Print)	ina							oute Number, City or			
	Donald J. KI	ine	20b. PLACE						iltoMd	LOCATION		no Park
	1 A Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	other pla	rce)	Cem			9-13				wn, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- I Talk	wood			D ADDRE			alto.	, MG.	
	Roy H. Cathe				10	onawi	1 1 0	uck T	00 F20F I	and and	חל מי	lto.,Md.2121
	Roy H.C.											11 W., 17U.Z 1Z
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CE		d										+
SCAL SCAL	PART II. Other algoriticant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Lyantius: Mynothysoid: 5 in 1 Yes 2 NO OF DEATH? 1 YES 2 NO OF DEATH? 1 YES 2 NO											
ME	7	/										1 YES 2 NO
ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OTHE		LACE OF D	EATH (Ch	ack only one)			1 NES 2 NO
ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3			R:			sck only one) 5 Other (Specify			1 YES 2 NO
ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	INJURY	28b. TI	4 CLNe	R: Ising Hom 28c. INJ WO	NO 5 A	esidence			OCCURED	1 PES 2 NO
PHYSICIAN: MEL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 (28s. DATE OF	NJURY Day, Year)	28b. TI	ME OF	28c. INJ WO	NO 5 ROURY AT DRK?	esidence	5 Other (Specify 28d. DESCRIBE H	OW INJURY		
D BY PHYSICIAN: MEL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 [28s. DATE Of (Month, I) 28s. PLACE (INJURY	28b. TI	ME OF	28c. INJ WO	NO 5 ROURY AT DRK?	esidence	5 Other (Specify	OW INJURY		
ETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 (28s. DATE Of (Month, I) 28s. PLACE 6 building	EINJURY All (North Park) F INJURY — At ho etc. (Specify) I my knowledge, de	28b. Ti	4 CLNer ME OF IJURY M , street, fac	28c. INJ WC 1	ine 5 R	NO NO	5 Other (Specify, 28d. DESCRIBE H 25f. LOCATION (S City or Town, to the cause(s) and	OW INJURY (breet and Num State)	ober or Rural i	Route Number,
COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 (28e. DATE Of (Month, I 28e. PLACE (building) SICIAN: To the best of the	EINJURY All (North Park) F INJURY — At ho etc. (Specify) I my knowledge, de	28b. Ti	4 CLNer ME OF IJURY M , street, fac	28c. INJ WC 1	Ne 5 Report AT DRK? YES 2 [NO NO	5 Other (Specify 28d. DESCRIBE H 25f. LOCATION (S City or Town,) to the cause(a) and time, deta and place	ow INJURY (breet and Num State) I manner as te, and dua to	stated,	Route Number,
BE COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 (28e. DATE Of (Month, I 28e. PLACE (building) SICIAN: To the best of the	EINJURY All (North Park) F INJURY — At ho etc. (Specify) I my knowledge, de	28b. Ti	4 CLNer ME OF IJURY M , street, fac	28c. INJ WC 1	Ne 5 Report AT DRK? YES 2 [NO NO	5 Other (Specify 28d. DESCRIBE H 25f. LOCATION (S City or Town,) to the cause(a) and time, deta and place	ow INJURY (breet and Num State) I manner as te, and dua to	stated,	Route Number, a) and manner as stated
BE COMPLETED BY PHYSICIAN: MEL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, L) 28e. PLACE (building) BICIAN: To the best of the basis of	F INJURY Pey, Year) OF (INJURY — At ho etc. (Specify) I my knowledge, de examination and/or in SE OF DEATH (ITE)	28b. Till North State of the St	4 C.Ner ME OF IJURY M , street, fec	R: reing Hom 28c. INJ. WC 1 bittory, office time, date opinion, d	ue 5 River At DRY AT DR	NO NO	5 Other (Specify 28d. DESCRIBE H 25f. LOCATION (S City or Town,) to the cause(a) and time, deta and place	ow INJURY (breet and Num State) I manner as te, and dua to	stated,	Route Number, s) and manner as stated
TO BE COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 (28s. DATE Of (Month, L) 28s. PLACE of building. BICIAN: To the best of the post of the post of the basis of the post of t	F INJURY Pey, Year) OF INJURY — At ho etc. (Specify) I my knowledge, de examination and/or	28b. Till North State of the Country	4 C.Ner ME OF IJURY M , street, fec	28c. INJ WC 1	ue 5 River At DRY AT DR	NO NO	5 Other (Specify 28d. DESCRIBE H 25f. LOCATION (S City or Town,) to the cause(a) and time, deta and place	ow INJURY (breet and Num State) I manner as te, and dua to	stated,	Route Number, a) and manner as stated



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1. DECEDENT'S NAME (First, Middle RUBY				WII	LLI	AMS		2. DATE OF MONTH	DA		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER	24 HPS	7. DATE OF	9		991 4:28 A N BIRTHPLACE (State or Foreign
_		218-18-3163	1 🗌 M 2 💢 F		21 pa	MONTHS	DAYS	HOURS	MIN.	(Month, I	- 23		Country) MD
3 should	_	Se. FACILITY NAME (If not institution						R LOCATION				9c. COUNT	Y OF DEATH
N.	DIRECTOR	JOHNS HOPKINS HOSPITAL BALTIMORE											
ges 1,	3EC	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION BALTIMORE									10d. INSIDE CITY LIMITS?		
. ž.		MD			BA	LTI							1 TYES 2 X NO
it pen	RAL	100. STREET AND NUMBER	E COURT				101	ZIP CODE					N OF WHAT COUNTRY?
cian. Htrans	FUNER	235 N. BEA		NT EVER IN U.S.,AR	IMED	13. V	WAS DEC	212		IC ORIGIN?	Specify Yee		S.A.
215-0020 attending physician. ise as the bunal-transit permit. Pages	B	3 M Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 NO 5							n, Mexicen	, Puerto Ric	en, etc.)		Specify: BLACK
S at 2	밀		'S EDUCATION st grade completed)	(G	CEDENT'S	rork done d			ng	16b. K	IND OF BUS	INESS/INDU	STRY
	once. COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5	+)	USEW								
AND the hospit detached	SON S	17. FATHER'S NAME (First, Middle, L									ldle, Malden	Surneme)	
	E 111	WALTER COLL								CHE			
be retain	TO BI	BERNADINE			235	N. E	3 E A	LE C				E, ME) 21231
OR Ma	E E	204. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donation 5 Other (Spec)	NI	206. PLACE /		ME M	. G	ARDE		DATE		LTIM	ORE, MD
ith. Pa	Examine	21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
- e =		WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate											
760, ed within 24 nou ompletely filled is il, cremation, or	event, the medical	shock, or heart f IMMEDIATE CAUSE (Fine) disasse or condition reaulting in death)	ellure. List only one can	OFF AS A CONSEC	ew	ec					-	,	Approximate interval Batween Onset and Daath
Sician prior	OF OTHER TRAUMATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted evants resulting in death) LAST	!	OR AS A CONSEC									
S, I deat deat e atte													ji
a a a a	20		L d.		J								
EC quires again sign	MEDICAL	PART II. Other significant co	nditions contributing to	o death but not s	casuiting l	n tha und	darlying	g cause ç	givan in i		4a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AL REC. Ilaw requires has been sign Dept. of Heal	MEDICAL	PART II. Other significant co	& M	o death but not s	Costiting I	n tha und				_	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL REC. Ilaw requires has been sign Dept. of Heal	SICIAN: MEDICAL	PART II. Other significant co	HCAL HOSPITAL:	Pelblu	5	OTHER	26. PL	ACE OF D	EATH (Che	ock only one)	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OF VITAL REC	TYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MED EXAMINER? 1 Y YES 2 NO 27. MANNER OF DEATH Natural 5 Pendia	HCAL HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, L)	□ ER/Outpatient 3	XDOA 28b. TIME	OTHER	26. PL I: ling Hom 28c. INJ WO	ACE OF D	EATH (Che	ack only one) 8 Other (PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL RECOMENSION OF THE LAW requires The law requires the man beautiful to State Dept. of Heal Medical and Medical Control of Heal Medical and Medical Control of Heal Medical and Medical Control of Heal Medical Control of Medical Control	IS MARKED, OF ITEM 23 SHOWS any INJU D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MED EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH Netural 5 Pendia	HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, L) 28e. PLACE of building,	ER/Outpatient 3	XDOA 28b. TIME	OTHER 4 Nurs E OF URY	26. PL l: ling Hom 28c. INJ WO	ACE OF D • 5 Re URY AT RK? /ES 2	EATH (Che	8 Other (PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL REC. OR ATTEN MATERIAL OF INC. The law requires DIRECTOR: hours after death with the State Dept. of Heal	ILEM 28 IS MARKED, OF ITEM 23 SHOWS ANY INJU-	PART II. Other significant co	HCAL HOSPITAL: 1 Inpution 2 0 1 Inpution 2 0 1 Inpution 2 0 1 Inpution 2 0 1 Inpution 2 0 28e. PLACE 0 building. 3 PHYSICIAN: To the best of	ER/Outpatient 3 F thJURY Day, Ybar) OF INJURY — At ho , etc. (Specify) If my knowledge, de	28b. TIME INJUDITION OF FARM, S	OTHER 4 Nurs E OF URY M Intreet, factor	26. PL 1: ling Hom 28c. INJ WO 1 1 1	ACE OF D o 5 Re URY AT RK? YES 2 o end place	EATH (Che	8 Other (28d. DESCI	PERFOR YES Specify) RIBE HOW IN ION (Street e Town, State)	MED? NO NURY OCCU Ind Number of	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
DIVISION OF VITAL REC. OR ATTEN MATERIAL OF INC. The law requires DIRECTOR: hours after death with the State Dept. of Heal	ILEM 28 IS MARKED, OF ITEM 23 SHOWS ANY INJU-	PART II. Other significant co	HCAL HOSPITAL: 1 Inpettent 2 28e. DATE Of (Month, L) getton not be lined 28e. PLACE of building, including. 3 PHYSICIAN: To the best of a	ER/Outpatient 3 F thJURY Day, Ybar) OF INJURY — At ho , etc. (Specify) If my knowledge, de	28b. TIME INJUDITION OF FARM, S	OTHER 4 Nurs E OF URY M Intreet, factor	26. PL 1: ling Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re TRY AT RK? YES 2 end place eath occur	EATH (Che	284. LOCAT City or to the cause time, date en	PERFOR YES Specify) RIBE HOW IN ION (Street e Town, State)	MED? AJURY OCCU and Number of	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
DIVISION OF VITAL REC. OR ATTEN MATERIAL MI. The law requires DIRECTOR: hours after death with the State Dept. of Heal	IPORIANT: If item 28 is marked, or item 23 shows any inju BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Netural 5 Pendia Investi 3 Suicide 8 Could determ 29a. CERTIFIER (Check only Check only Check only Check only Check only Check only Check only Check only Check Only Che	HCAL HOSPITAL: 1 Impettent 2 25e. DATE Of (Month, L) gestion not be building. 3 PHYSICIAN: To the best of the control of the building.	ER/Outpetient 3 F INJURY Dey, Year) OF INJURY — At ho, etc. (Specify) If my knowledge, de exemination end/or i	28b. TIME INJU	OTHER 4 Nurs E OF URY M Arreet, factor	26. PL 1: ling Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re TRY AT RK? YES 2 end place eath occur	EATH (Che reldence NO NO No No No No No No	8 Other (28d. DESCI	PERFOR YES Specify) RIBE HOW IN ION (Street e Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
DIVISION OF VITAL RECONTRE ON THE law requires THE FUNERAL DIRECTOR: THE MITTING THE STATE OF TH	ILEM 28 IS MARKED, OF ITEM 23 SHOWS ANY INJU-	PART II. Other significant co	HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, L) getion not be litred 28e. PLACE of building. XAMINER: On the basic of of the purification of the basic of the bas	ER/Outpatient 3 F INJURY Dey. Year) OF INJURY — At hor, etc. (Specify) If my knowledge, de exemination and/or investigation and/or investigation.	28b. TIME INJUDICATION OF THE INVESTIGATION OF THE	OTHER 4 Nurse Configuration of the time of time of the time of time	26. PL	ACE OF D o 5 Re ury AT RK? YES 2 end place eath occur 29c. LICE	EATH (Chesteldence) NO No No No No No No No No No No No No No	281. LOCAT City or 10 the cause time, date el	PERFOR YES Specify) RIBE HOW IN TOWN, State) (e) and mennd place, end	NURY OCCU AJURY OCCU AND A Mumber of the the the the the the the the the the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number; ceuse(e) end menner ee stated. SIGNED (Month, Day, Year)

TO THE FUNERAL DIFFERD. OF THE CONTROL OF THE SEA DEED STORED BY THE THEORY OF THE THEORY OF THE STORE THE DUTAL FORES 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 control of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 25 marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. with PHISICIAN: The law requires that the death certificate be executed within a TO THE HOSPITAL CHARTON TO THE FUNERAL DIPERSON DE filed within 72

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1. [ECEDENT'S NAME (First, Middle, Last)	2 DATE O	E DEATH

RE	ATE GISTRAR DENT'S NAME (First, M)	Intella 6 al			CERTIF				REG. NO.			
1, DECE	DENT S NAME (FERT ME	DOF	RIS	MAE	ARN	OLD			MONTH BY	0	91	12:45 AM
	3-03-5045	- 1	5. SEX 1 M 2 F	6. AGE (In y	rs. lest birthday)	IF UNDER 1 YE		UNDER 24 HRS. DURB MIN.	7. DATE OF BIRTH (Month, Day, Year)	6-0	8. BIRTH Countr	PLACE (State or Foreign
9e FACE	9e. FACILITY NAME (If not institution, give street and number) MARYLAND MANOR NURSING HO										A A	EATH CO.
10a. STA	TE 10	DENT 06. COUNTY								10d. INSIDE CITY LIMITS?		
MARY	YLAND	ANNE	ARUNDE	L	GL	EN BUR	_					1 YES 2 NO
	REET AND NUMBER ARYLAND MA	ANOR						LO60		U.S		/HAT COUNTRY?
3 🔀 W	TAL STATUS ver Married 2 Ma dowed 4 Divorce		12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	Z NO	If ye		Cuben, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.) y:	or No—	14. RACE Black Speci	— American Indian, k, White, atc. fy: WHITE
J III .	15. DECED (Specify only hi hentary/Secondary (0-12	1	ATION completed) College (1-4 or 5 NONE		(Give kind of work done during most of working life. Do NOT use retired.)				18b. KIND OF BU			Y
17. FATH	ER'S NAME (First, Midd	lle, Last)	HONE		OHEL	O OBBIN		. MOTHER'S NA	ME (First, Middle, Maiden		INCER	
FRI	EDRICK SCH		-						MAE DEEMS			
D 198. INP	OY A. FOWI								ROSSING PA			MD 21122
20e. ME	THOD OF DISPOSITION	v v			LACE OF DISPO					CATION -		
	riel 2 Cremetion nation 5 🗆 Other (S		vel from State		DAR HI	LL C	EMET	ERY	9-12 BAL	TIMO	RE, 1	4D
21. SIGN	ATURE OF FUNERAL	2. /	MSO2	1		SI	INGL		JNERAL HOME		DMTE	, MD 21061
Sequentif sny, cause. CAUSE that in	ntially list condition leading to immedia. Enter UNDERLYING E (Disease or injury littleted events ng in deeth) LAST	nte G	a	200	ONSEQUENCE O	Cord	lu	dis	alle &	ight)de	yours tower
PART I	II. Other algnificent	conditions	contributing to	cula	not resulting	in the under	feig	ause given in	Part I. 24a. WAS APPERFO	RMED?	240	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS	CASE REFERRED TO	MEDICAL	HOSPITAL:	CD/D-david		отный:		E OF DBAPH (C				
27. MAN												
2	Suicide 6 Co	ould not be	28e. PLACE building	OF INJURY — I, etc. (Specify)	At home, farm,	street, factory	, office		28f. LOCATION (Street City or Town, State	and Numbe)	r or Rural	Route Number,
29e. CEI	eck only		_						a to the cause(a) and ma a time, date and place, a			e) end manner as stated.
200 34	MATURE AND TITLE O	O,	1 pa	Sel	2/1	r-D-	2	295	167	29d, DAT	1 .	(Month, Day, Year)
5	E FILED (Month, Day, Ye	har	beh .	iar's signat	181	118	R	3+A	Blvd	1	الما	idena, r
SEI	P 1 3 1991	1 gu	in Davids	m-Maria	-							

2W 8-32-2

145 R.A. 31/1/4-3 114/3

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR After this certificat has been signed by the attending physician and completely filled in by the funeal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First Middle, Last) VERNIE 4. SOCIAL SECURITY NUMBER	MAE	BRACK			2. DATE OF DEATH MONTH	0- 9/EA	12209 M
	239-58-5768 9e. FACILITY NAME (If not institution, give s	1 - M 2 DF 5	(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN O	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-18-3	7 NO	PATHPLACE (State or Foreign buntry) ORTH CAROLINA
DIRECTOR	UNIVERSITY HOSPI	TAL		BALTIMO		EAIN	9c, COUNTY C	F DEATH
		ARUNDEL		N BURNIE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 550 CRESTPARK DR 11. MARITAL STATUS			2	ZIP CODE 1061		U.S.A.	
B₹	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, spe	ENDENT OF HISPA city Cuban, Maxic 2 (A) NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	8	ACE — American Indian, leck, White, etc. pecify: AMERICAN INDI
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5+)	life. Do NOT use	ork done during mos retired.)	N 1 of working	18b. KIND OF BU	SINESS/INDUSTR	
OMF	9th 17. FATHER'S NAME (First, Middle, Last)	0	HOMEMAK	KER	40 MOTHER'S NA	OWN HO		
ш	JAMES TAFT BEDSOL	E			ELLA		MINGS	
TO B	190. INFORMANT'S NAME (Type/Print) BILL BRACK			ADDRESS (Street and	d Number or Rural	Route Number, City or Tov	vn, State, Zip Code,)
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	G1	PLACE AND DATE OF the terry, cremetory or oth LEN HAVEN	MEMORIA	AL PARK	9-14 GL	EN BURNI	
	21. SIGNATURE OF FUNERAL SERVICE LIC	on Zunb		1 SE	COND AVI	JNERAL HOM E. S.W. GL	EN BURN	IE, MD 21061
rion	iMMEDIATE CAUSE (Final disease Dr condition resulting in death)	a. CANON DUE TO (OR AS A	CONSEQUENCE OF	WAZ.	FAR	Tune xultage		Approximete interval Between Onset and Death
CERTIFICATION	couse. Enter UNDERLYING CAUSE (Disease or injury that initisted evente resulting in deeth) LAST	c. INCRE DUE TO (OR AS A d. H/O IL	CONSEQUENCE OF	Inten.	CKANI	novas	esures	
IN: MEDICAL		e contributing to deeth b	ut not reculting in	the underlying	csuse given in	Psrt i. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAO	HOSPITAL:		OTHER:	CE OF DEATH (Ch			
НХ	27. MANNER OF DEATH	1%5-Inpatient 2 ☐ ER/Outp 28s. DATE OF INJURY	28b. TIME	OF 28c, INJU	RY AT	8 Other (Specify) 28d, DESCRIBE HOW	NJURY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI		K? S 2 NO			
8	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, str ify)	reet, factory, office		28f. LOCATION (Street City or Town, State,	end Number or Rur	al Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY ON 1 CERTIFICATION CHECK ON 1 CERTIFICATION CHECK	CIAN: To the best of my knowl R: On the basis of examination	edge, death occurred a end/or investigation,	at the time, data a	and place, and due	to the ceuse(a) and me time, data and pleca, ar	nner es stated.	e(s) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Inhomp.			29c. LICENSE NUI	MBER 193	29d. DATE SIGN	IED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO ROMATO M. 3 31. DATE FILED (Month, Day, Year)	SALL MID.	SHO	rint) «K The	BUMA	Baltime	ne, N	Ineglows
	SEP 1 3 1991 4	hala Davidson-Ra	ndelle					

5	Dr.	5		
ļ,	d			
ľ	at the	١	8	
١	ě	۱	5	
•	ā	J	to	
k	ě	•	Red	
	5		=	
	90	1	-	
-	Pag.		4	ı
	ctor		ě	I
	dire		-	
	eral		를	1
	fun		ex	
	the	oval	100	
	A	remi	dic	
	i p	6	E	l
	iji iji	Jon,	9	ı
	etely	rmat	7	I
	du	Cre	Ne.	١
	8	unial	2	I
	an	9 0	E	ı
	ician	101	20	ı
	Shirt	e p	-	I
	Du .	gien	=	١
	end	£	6	j
	e att	enta	7	
	Ē	N P	Ī	l
	5	A an	1	۱
	igne	eatt	50	ı
	en s	H 10	10	۱
	s pe	B.	53	ı
	a ha	Ö	E	۱
	heat	Stat	=	I
	ertil	the	6	Ì
	JIS C	Vict.	pe,	l
	er I	ath.	Пал	l
	A	de	89	l
1	9	afte	28	l
-	7	MILS	E	l
i	0	2 190	Ite	l
-	EKA	in 7.	2	
	S	WITH	M	
1	분	8	5	
1	10 IME FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 through the strength of the control of	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be hotified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

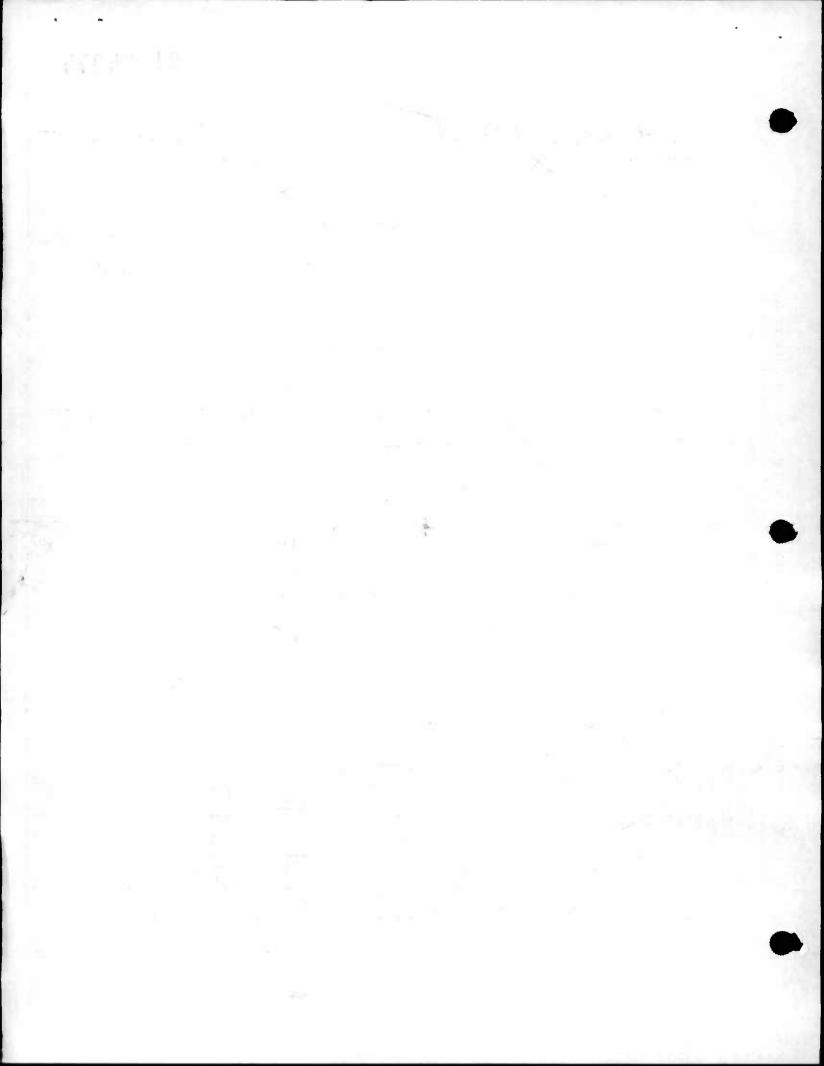
	FOR								24872
	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEI CERT	PARTMENT	OF HEALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Lest) ANNA HELEN.	A Bo	OWERSOX.			2. DATE O	F DEATH	a ^{YE}	an 9:30 P
	4. SOCIAL SECURITY HUMBER		8. AGE (In yrs. lest birth	day) IF UNDER			F BIRTH Day, Year)	A.	BIRTHPLACE (State or Foreign
	214-22-6183 •• FACILITY NAME (If not institution, give s	1 □ M 2 💢 F	87 Y	RS.		11-	13-03		MARYLAND
æ	ST.AGNES HOSPIT	1	t		TOWN DR LOCATION OF			9c. COUNTY	OF DEATH
010	RESIDENCE OF DECEDENT	AL		BA	LTIMORE C	ITY	1.5		
DIRECTOR	10e. STATE 10b. COUNT		100	CITY, TOWN O					10d. IHSIOE CITY LIMITS?
	MARYLAND HOW.	ARD		ELKRID	- hope and the same	-			1 TES 24 NO
ERA	6407 LOUDON	AVENUE			10f. ZIP CODE 21227				OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IH U.S. ABMEO	13. W	AS DECEMBENT OF HISP	AHIC ORIGIN?	(Specify Year	USA	RACE — American Indian,
ВУ	1 Never Married 2 Married 3 W Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO	If If	yes, specify Cuben, Mexi YES 2 X NO Specify	cen, Puerto Ric	can, atc.)	3	Black, White, alc. Specify: WHITE
TED	15. DECEOENT'S EOU- (Specify only highest grade	completed)	(Give kin	HT'S USUAL OC	CUPATION uring most of working	16b. H	CIND OF BUSI	NESS/INDUST	RY
COMPLET	7 TH 17. FATHER'S HAME (First, Middle, Last)	College (1-4 or 5+)	4.00	MAKER			WN HOM		
BE CC	JOSEPH E.	COOPER			18. MOTHER'S N	BETH	BOE	CKL	
5	19a. INFORMANT'S NAME (Type/Print) JAMES L. BOWERSO	x	19b. MAII	LING ADDRESS	(Street and Number or Rura AVENUE, B.	AT TTMO	City or Town,	State, Zip Cod	, 1201
	20g, METHOD OF OISPOSITION		20b. PLACE AHD DA			OATE			
	1 X Burlel 2 Cremation 3 Remo	oval from State	MEADOWR	or other place)	MORIAL PAR	K 9-1	6 ELKE	TDGE.	or Town, State MARYI.AND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. H	AME AND AGORESS OF PARD H. HUB	FACILITY			
-		28/44/44		410	7 WILKENS	AVE, BA	LTIMOF	RE, MD	. 21229
	23. PART . Enter the diseases, or canock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on aech iina.		who had been a successful to the successful to t	ch ae cardie	oc or reapira	tory errest,	Approximata intervel Between Onset and Death
- 1		DUE TO (O	R AS A CONSEDUENC	E DF):	0				
ATION	Sequantielly list conditions, if any, laading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEDUENC	E OF):					
RTIFICATION	if any, laading to immediate		R AS A CONSEDUENC						
. 1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	DUE TO (O	r as a conseduenc	E DF):					
. 1	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa	DUE TO (O	r as a conseduenc	E DF):	erlying ceuee given le	n Pert i. 2	4a. WAS AN AL PERFORMI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
. 1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	DUE TO (O	r as a conseduenc	E DF):	erlying ceuee given id			ED?	
. 1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	DUE TO (O	r as a conseduenc	E DF):	erlying ceuee given id		PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
. 1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other eignificent condition.	DUE TO (O	r as a conseduenc	E DF):	erlying ceuee given in	1	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other eignificent condition. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HD	DUE TO (O	r as a conseduenc	E DF):		heck only one)	PERFORMI	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. 1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART ii. Other eignificent condition. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	DUE TO (O	R AS A CONSEDUENC	OTHER:	28. PLACE OF DEATH (C	heck only one) 6 Other (5	PERFORMI	NO NO	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
BY PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER DF DEATH 1 Netural 5 Pending Investigation	DUE TO (O d. a contributing to de HOSPITAL: 1 Mpattent 2 = E 28e. DATE OF IN (Month, Day.	PR/Outpatient 3 DO JURY 28b.	OTHER:	26. PLACE OF DEATH (C	heck only one) 6 Other (5	PERFORMI	NO NO	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER DF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	DUE TO (O d. a contributing to de HOSPITAL: 1 Mpattent 2 = E 28e. DATE OF IN (Month, Day.	R AS A CONSEDUENC eath but not resulti (R/Outpetient 3 DO JURY (Year) 28b. HJURY — At home, far	OTHER:	26. PLACE OF DEATH (C	heck only one) 6 Other (3 28d. DESCR	PERFORMI VES 2 () Specify)	NO NO URY OCCURE	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Olsease or injury that initieted eventa resulting in death) LAST PART ii. Other eignificent condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER DF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (O d. a contributing to de HOSPITAL: Hospital: Impatient 2 E 28e. DATE OF IN (Month, Day, 28a. PLACE OF II building, etc.	R AS A CONSEDUENCE RACOULD A TO THE SERVICE OF THE	OTHER: A 4 Nursir TIME OF INJURY M m, street, factor	28. PLACE OF DEATH (C ng Home 5 Residence ec. INJURY AT WORK? 1 YES 2 HD y, office	heck only one) 6 Other (state of the cause) 281. LOCATION of the cause)	PERFORMI VES 2 Specify) RIBE HOW IHJI DN (Street and Town, State)	URY OCCURE	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO Val Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER DF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (O d. a contributing to de HOSPITAL: 1 Month, Day, 28e. DATE OF IN (Month, Day, 28a. PLACE OF III building, etc.	PRAS A CONSEDUENCE PROUIDSTIENT 3 DO JURY 28b. HJURY At home, far Copecify) r knowledge, death occurrents of the control	OTHER: A 4 Nursi TIME OF INJURY M m, street, factor curred at the tim pation, in my opi	28. PLACE OF DEATH (C ng Home 5 Residence ec. INJURY AT WORK? 1 YES 2 HD y, office	heck only one) 6 Other (8 28d. DESCR 28f. LOCATI City or a to the cause e time, data an	PERFORMI VES 2 (1) Specify) RIBE HOW IHJI TOWN, Street and fown, Stete) (e) and manne and place, and c	Number or Ru	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER DF DEATH 1 Netural 5 Pending Investigation Investigation Investigation Investigation (Check only One) 29e. CERTIFIER Check only One) 29b. SIGNATURE AND TITLE OF CERTIFIER DR. DAMIA	DUE TO (O d. a contributing to de a contributing to de B Contributing to de a contributing t	R AS A CONSEDUENC R/Outpatient 3 □ DO JURY (ber) 28b. HJURY — At home, far (specify) At home, far (knowledge, death occ nination end/or investig	A OTHER: A O	28. PLACE OF DEATH (C ng Home 5 Residence sec. INJURY AT WORK? 1 YES 2 HD y, office e, date and placa, and du nion, death occured at the	heck only one) 6 Other (8 28d. DESCR 28f. LOCATI City or a to the cause e time, data an	PERFORMI VES 2 (1) Specify) RIBE HOW IHJI TOWN, Street and fown, Stete) (e) and manne and place, and c	URY OCCURE Number or Ru r ee stated, lua fo the cau	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO Val Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER DF DEATH 1 Netural 5 Pending Investigation Investigation Investigation Investigation (Check only One) 29e. CERTIFIER Check only One) 29b. SIGNATURE AND TITLE OF CERTIFIER DR. DAMIA	DUE TO (O d. a contributing to de a contributing to de a contributing to de building to de a contributing to de a	RAS A CONSEDUENCE R/Outpetient 3 DO JURY Year) 28b. HJURY — At home, far C. (Specify) At home, far I knowledge, death occurrence of the continuation end/or investig	A OTHER: A O	28. PLACE OF DEATH (C ng Home 5 Residence sec. INJURY AT WORK? 1 YES 2 HD y, office e, date and placa, and du nion, death occured at the	heck only one) 6 Other (8 28d. DESCR 28f. LOCATI City or a to the cause e time, data an	PERFORMI VES 2 (1) Specify) RIBE HOW IHJI TOWN, Street and fown, Stete) (e) and manne and place, and c	URY OCCURE Number or Ru r ee stated, lua fo the cau	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO Val Route Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO)	
		1. DECEDENT'S NAME (First, Middle, Lest) BENTELSPACH		Y	2. DATE OF DEATN		3. TIME OF DEATN
		4. SOCIAL SECURITY NUMBER		F UNDER 1 YEAR	7. DATE OF BIRTN	0 9	BIRTHPLACE (State or Foreign
10		217 22 8370		ONTHE DAYS HOURS MIN.	(Month, Day, Year)		MARYLAND
2, 3 should	_	9a. FACILITY NAME (If not institution, give	street and number) 91	L CITY, TOWN OR LOCATION OF		9c. COUNTY	
2,3	DIRECTOR	ST HGNES HO	DSPITAL	BALTIMORE	=		
iges 1	띭	10a. STATE 10b. COUNT	TY 10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY
. <u>F.</u>			VE ARUNDEL LIN	THICUM			1 YES 2 NO
020 physician. burial-transit permit. Pages 1,	FUNERAL	514 CLEVEL	AND ROAD	101. ZIP CODE	90		OF WHAT COUNTRY?
20 hysicia nurial-t		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi	PANIC ORIGIN? (Specify Yelican, Puerto Rican, etc.)	s or No- 14.	RACE American Indian, Black, White, etc.
	B≺	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES KOREAN	1 TYES 2 1 NO Spe		_	Specify: WHITE
215 aften	ETED	15. DECEDENT'S EDI (Specify only highest grad		UAL OCCUPATION	16b. KIND OF BU	SINESS/INDUST	
21 ital or 1 for t	9	Elementary/Secondary (0-12)	College (1-4 or 5+) life. Do NOT use re	done during most of working stired.)	1461		(a. (.)(a)
AND the hosp detached	COMPL	8TH GRADE 17. FATHER'S NAME (First, Middle, Last)	CHECKE	e/LOADER			ERY WARD
YLAND 21215-0 by the hospital or attending be detached for use as the at once.		THOMAS WILLIAM BI	EUTELSPACHER, SR.	18. MOTNER'S I	NAME (First, Middle, Maiden GLOAG	Surname)	
MARYLAND retained by the hospit should be detached notified at once.	BE C	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING AD	DRESS (Street and Number or Rura		yn State Zin Cod	2/603
ED es	٩	BEUTELSPAC	HER. DO. 514 CL		AD LINTH	ICUM	MARYLAND
ALTIMORE, I death. Page 6 may be tuneral director, page 1.	10	20a. METHOD OF DISPOSITION 1X Burlai 2 □ Cremation 3 □ Ran	20b. PLACE AND DATE OF D	ISPOSITION (Name of	DATE 20c. LO	CATION - City	
Page 6		4 Donation 5 Other (Specify)		MEMORIAL PARI			ELKRIDGE
ALTIN death. Pag e funeral di L.		. 1	1 441	HUBBARD FUNE	RAL HOME IN	С	
9 = 0		a plus	70	4107 WILKENS	AVENUE, BAL	TIMORE,	MD. 21229
in 24 hour ely filled ir nation, or , the me		shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that coosed the death. Do not Liet only one cause on each line. a. Cardiac As Due To (or as a consequence or):	43 to a	Arrest)	iratory erreat,	Approximata interval Batwean Onaet and Death
P 6 2 6	2		MILL O	an Faile	ITO.		
× 8 5 8 E	FICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):				1
BO cate by shysicia e prior	CA	CAUSE (Disease or injury	· Hemorrhagic	Necrotizi	na Par	ncreat	titis
O define		that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	O			
C S	CER		a. C1101011 (11110313				
CORDS	Ag	PART II. Other aignificent condition	na contributing to deeth but not recuiting in the	ne underlying ceuee given i	n Pert i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
00	EDICA	4			1 TYES 2		COMPLETION DF CAUSE OF DEATH?
E short	×						1 YES 2 NO
AL Me issue in the	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	Check only one)		
F VITAL SICIAN: The Bacerificate the State and I, or Item 23	Sic	EXAMINER? 1 YES 2 NO		THER: Nursing Name 5 Residence			
OF V PHYSICIA with the with the	РНҮ	27. MANNER OF DEATN	28s. DATE OF INJURY 26b. TIME OF (Month, Day, Year) INJURY	F 28c. INJURY AT	28d. DESCRIBE NOW I	NJURY OCCURE	D
ON O DING PHYS After this death with	ВУ	1 Natural 5 Pending 2 Accident Investigation	(moint, buy, rous)	M 1 YES 2 NO			
0 9 4 9 %	8	3 Suicida 6 Could not be 4 Nomicide detarmined	 PLACE OF INJURY — At home, farm, stree building, atc. (Specify) 	t, factory, offica	281. LOCATION (Street a City or Town, State)	and Number or Ru	ıral Route Number,
DIVISION ATTEN DIRECTOR: hours after Item 28 I	<u> </u>	on- continue					
로 정전 =	COMPL	(Check only 1 M CERTIFYING PHYS	ICIAN: To the best of my knowledge, death occurred at	the time, data and place, and du	ie to the cause(a) and mar	ner as stated.	
THE HOSPITAL THE FUNERAL filed within 72		29b. FIRMATURE AND TITLE OF CERTIFIE	ER: On the basia of examination and/or investigation, in				
TO THE HOSPI TO THE FUNEF be filed within	BE	H. Michael	Julyer M.D.	29c. LICENSE NU	JMBER	29d. DATE SIG	NED (Month, Day, Year)
FFX	2	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin	0			7-10-91
		St. Agnes		altimore	Md.		
		31. DATE FILED (Month Day 100)	991 Julia Davidson-Randal				
		10-0401	June vavidson-Handa	Z.			

			0
-	Pa	5	100
00	5	0	Ē
9	ě	ä	ā
×	83	5	22
0	8	cia	ò
8	e	3	8
	Ca	듄	9
0	E	0	ē
Ÿ.	8	듄	2
Ω.	5	5	=
	63	att	묠
S	-	2	Se.
	#	=	-
α	H	5	S
0	£	8	45
$\tilde{\mathcal{C}}$	SS	Š	書
\sim	-5	S	운
H	8	8	6
ш.	-	2	3
_	.6	4	2
⋖	¥	æ	=
-	F	8	描
=	lis.	2	o,
	Ю.	١,	æ
4	4	-	Ξ
0	3	æ	玉
-	a.	π	Z
=	울	æ	36
\simeq	8	4	౼
S	品	SH A	ě
ISI	UTEND	CTOR: A	after de
INISI	A ATTEND	RECTOR: A	ars after de
DIVISIO	OR ATTENDING PROGRAM: The requires that the death certificate be executed w	DIRECTOR: A	hours after de
DIVISION OF VITAL RECORDS, P.O. BOX 6876	AL OR ATTEND	AL DIRECTOR: A	2 hours after de
DIVISIO	YTAL OR ATTEND	RAL DIRECTOR: A	1 72 hours after de
DIVISIO	SPITAL (NERAL DIRECTOR: A	thin 72 hours after de
DIVISIO	SPITAL (FUNERAL DIRECTOR: A	within 72 hours after de
DIVISIO	SPITAL (HE FUNERAL DIRECTOR: A	d within 72 hours after de
DIVISIO	SPITAL (THE FUNERAL DIRECTOR: A	filed within 72 hours after de
DIVISIO	SPITAL (TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after de
DIVISIO	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: After the commune has been signed by the attending physician and comp	be filed within 72 hours after death with 17 State Upot, of Health and Mental Hygiene prior to burial, or
DIVISIO	SPITAL (TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after de
DIVISIO	SPITAL (TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after de

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF HEALTH AND CONTROL OF DEATH		IYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	, ERNE	21	Ernest Cherry	2. DATE OF	13 9	XEAR STANE OF DEATH	
	4. SOCIAL SECURITY NUMBER 154-10-7075 90. FACILITY NAME (If not institution, give a	1 M 2 🗆 F	(n yrš. fest birthday) 8 () YRS.	FUNDER 1 YEAR FUNDER 24 MONTHS DAYS HOURS R 9b. CITY, TOWN OR LOCATION	AIN. Monthy De	0/10	S.C.	
[발	Mercy Hospital	L		Baltimore C	ity			
DIRECTOR	10e. STATE 10b. COUNTY		y, town or Location Ltimore City		10d. INSIDE CITY LIMITS? 1			
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY		
FUNERAL	1300 East Lanval			21213		U.S.A.		
BY FU	11. MARITAL STATUS 1 Never Married 25 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2NO	If yes, specify Cuban, I		17 (Specify Yea or No— Rican, etc.) 14. RACE — American India Bleck, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 5th Grade		(Give kind of life. Do NOT u		16b. KII	ND OF BUSINESS/INDU	STRY	
₩ I			Lau	ndry Worker				
	17. FATNER'S NAME (First, Middle, Last)	71:			R'S NAME (First, Midd	lle, Malden Surname) Hemphi	11	
BE	19e. INFORMANT'S NAME (Type/Print)	Cherry	19b. MARLING	ADDRESS (Street and Number or	rrie Rural Route Number,			
2	Willie Mae Cher	ry	1300	E. LANVALE ST	. Apt. 8	08/Baltimo	ore, Md. 21213	
	20g METNOD OF DISPOSITION 1-6-Puriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			e of disposition (Name	OATE	20c. LOCATION — CI Baltimor		
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMBEE		22. NAME AND ADDRESS		01 E. NORT	21202	
	23. PART i. Enter the diseases, or shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS		PNEU	MDN A	or reapiratory arre	at, Approximeta interval Batween Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE O	ONE / ARY PLENAL -	Free Free	CLEPS/IC	`	
	PART II. Other algnificant condition	ns contributing to deeth i	out not resulting	in the underlying cause giv	on in Part I. 24	Ia. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL						PERFORMEO? YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEA	TH (Check only one)			
Sic	EXAMINER?	1 Inpetient 2 ER/Out	petient 3 🗆 DOA	OTHER: 4 Nursing Home 5 Resk	lence 6 🗆 Other (S	pecify)		
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	NAM	M 1 YES 2 1		IBE NOW INJURY OCCU	JRED	
	3 Suicide 8 Could not be 4 Nomicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, cffy)	street, factory, office		ON (Street and Number of Town, State)	or Aural Route Number,	
COMPLETED	CONSUM ONLY			red at the time, data and place, a ion, in my opinion, death occured				
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	Jun 4	ATT	ENDING!	SE NUMBER - 096	29d, DATE	SIGNED (Month, Day, Year)	
	30/57. PAUL 31. DATE FILED (Month, Day, Year)	PLACE 32 REGISTRAR'S SIGN	BAZ	ano RES	wy)	21202		
	SEP 1 3 1991	Alia Davidson	Randell				DHMH-16 Rev 1/86	



FOR

TO THE HOSPITAL DIFFER TO THE FUNERAL DIFFER DE FILED WITHIN TZ HOUS IMPORTANT, II HERN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lost) CARTER, JOHN		WARD	CARTER	2, DATE OF DEATH MONTH	70/9	3. TIME OF DEATH 5:15 pm
	220246167 XM20 61	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Cay, Year)	129	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give street and number) LRVAMC RESIDENCE OF DECEDENT	96.		OR LOCATION OF DE	ATH .	9c. COUNTY	OF DEATH
입	10a, STATE 10b, COUNTY	10c. CITY, TO	OWN OR LOC	ATION			10d, INSIDE CITY
- DIRECTOR	- MD		BALT	TIMORE		T	1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1549 MONTPELIER STREET			21218		U.	S.A.
B	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 [,]NO	If yes, a	CENDENT OF HISPAN specify Cuban, Maxican S 2 NO Specify.		a or No— 14	RACE — American Indian, Black, White, atc. Specify: BLACK
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	8e. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during n tired.)	TION nost of working	166. KIND OF BU		
Σ		DISABLE	U	T	ABACUS		CORP.
BE CO	17. FATHER'S NAME (First, Middle, Last) ROBERT E. CARTER				WONGUS	Surname)	
	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street		loute Number, City or To	vn, State, Zip Co	ide)
2	HAZEL CARTER 20a. METHOD OF DISPOSITION 20b. F	1549 M					MD 21218
	1 V Buriel 2 Cremetion 3 Removal from Stata 4 Donation 5 Other (Specify)	ther place)		ST VA CE			MILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE.	X		AND ADDRESS OF FAC C. MARCH F	он. С.Н. 1101	E. NOR	21202 TH AVENUE
	23. PART I. Enter the diseases, or complications that caused t	he death. Do not	enter the m	node of dying, auci	n as cardiac or rea	olratory srres	
	ahock, or heart failure. List only one cause on asc IMMEDIATE CAUSE (Final disease or condition resulting in desth) a. Due to (or as a condition or a condition or a condi		/				Interval Between Onset and Death
2	Due to lon as a common of the total and the	e blo	od .	transf	usion		
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	consequence of:	al	hemm	erhani	,	
TIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	ONSEQUENCE OF):	10.0	a col			
CER							
CAL	PART II. Other aignificant conditions contributing to death but	not resulting in t	he underlyl	ng cause given in	PERFO	AMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI					1 YES	2 7440	OF DEATH?
ż							
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Che	eck only one)		
PHYSICIAN:	EXAMINER? 1 VES 2 NO HOSPITAL: 1 petient 2 ER/Outpet		THER: Nursing Ho	ome 5 🗆 Rasidenca	6 Other (Specify)		
	27. MANNER OF DEATH 1 Returat 6 Pending (Month, Day, Year) 2 Accident Investigation	26b. TIME O	/ V	NJURY AT YORK?] YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUI	RED
TED BY	2 Accident investigation 3 Sulcide 6 Could not be detarmined 28a. PLACE OF INJURY - building, atc. (Specif)	- At home, farm, stree /)	et, factory, of	lica	28f. LOCATION (Stree City or Town, State	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge one) 2 MEDICAL EXAMINER: On the beat of examination						
BE	296. SIGNATURE AND TITLE OF CERTIFIER WERSELF MORE MK	MRO	503	29c, LICENSE NUN	IBER	29d. DATE S	GIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PURSON WHO COMPLETED CAUSE OF DEAT LR VAMC 3 900 L	TH (ITEM 27) (Type, Pri	ven i	Blvd.	Balton	nos,	M
	30. NAME AND ADDRESS OF PURSON WHO COMPLETED CAUSE OF DEAT LR VAMC 3 900 L 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAL 9 10 SEP 1 3 1991 Julia	Davidson-R	indelle				
						_	DHMH-16 Rev 1/89

A1757 - 1000

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should be detached for use as the burial-transit retained by the hospital or attending physician. once. at notified page 5 should irs after death. Page 6 may be pe director, p must examiner funeral (filled in by the fillion, or removal. medical completely filled rial, cremation, the requires that the death certificate be executed within traumatic event, in and com to burial, attending physician a ental Hygiene prior to other 6 the atter injury, signed by t Health and shows any has been s Dept. of H HOSPITAL OR ATTENDING PHYSICIAN: The law this certificate har with the State De irked, or item 2 marked, DIRECTOR: After the hours after death willem 28 is mark TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 he IMPORTANT: If its

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) James Arthur Crawford, Jr. 2. DATE OF DEATH 3. TIME OF DEATH YEAR James Arthur Crawford 09 9:57 aM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 241-36-7961 1 🛛 M 2 🗌 F 61 VRS 12/06/1929 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Baltimore Medical Center Towson Baltimore RESIDENCE OF DECEDENT 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Timonium 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2004 Eastridge Road 21093 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 XMarri 1948 - 1952 BY 3 Widowed 4 Divorced Specify 1948 White COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during most of life. Do NOT use retired.) r. Mem. Tech. Johns Hopkins during most of working Elementary/Secondary (0-12) ege (1-4 or 5+) 5+ Staff APL Reserach/Development 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname James Arthur Crawford, Sr. Bessie Lightfoot Wooley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2004 Eastridge Rd., Timonium, MD 21093 Jeanne R. Crawford 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Metro Crematory, Inc. 9/13 Baltimore, MD 21228 21. SIGNATURE OF FUNERAL SERVICE CENSEE 22. NAME AND ADORESS OF FACILITY. Cremation Society of Maryland, Inc. 299 Frederick Rd., Balto., MD 21228 George E. MacNabb 23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or hasrt failure. List only one cause on each line. intarvsi Between IMMEDIATE CAUSE (Final Onsst and Dasth disesse or condition Cardiopulmonary Arrest reaulting in death) menutes Intraventricular Hemorrhage
DUE TO (OR AS A CONSEQUENCE OF): deiso. CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Cardian 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATN (Check only one) HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES, 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month. Day, Year) D2412 Recherry 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH TITEM 27) (Type, Print) BRUCE ROSENBERG 1134 YORK CUTHERVILLE MD 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 3 1991

020	
BALTIMORE, MARYLAND 21215-0020	Banks & man he manifered he she herested on the steel of
ID 21;	Table 1
YLAN	he she he
MAR	Section of
ORE,	C mm. h.
Σ	0000
BAL	Har daneh
	- 4

Pages 1, 2, 3 should

Dermit.

burial-transit

the

use as

P

page 5 should be detached

director,

filled in by the funeral

ò

M

notified

pe

must

examiner

medical

800

1991

I V III DIVISION OF

Civision of VI At he Conds, F.C. Box 88789,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the n

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 9 DEMETRIOS JOHN COVENTAROS 12 4:10 A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 | F YRS. 216-05-9553 103 9-11-1888 GREECE 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERIDIAN NURSING HOME CATONSVILLE BALTIMORE 10b. COUNTY 10a. STATE 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL 1 YES 2 X NO GLEN BURNIE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 214 WILLIAMS RD. U.S.A. 21061 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES ΒY 3 Widowed 4 Divorced WHITE 8 15. DECEDENT'S FOUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 NONE RESTAURANTEUR SELF EMPLOYED 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) JOHN COVENTAROS BE UNKNOWN 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 STEVEN A. THOMAS 300 NORTH CHARLES ST. 5th FLOOR BALTIMORE, MD 2120 20s. METHOD OF DISPOSITION
1 XI Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other piece) ORTHODOX ST. DEMETRIOS GREEKCEM 20c. LOCATION --- City or Town, Stata OATE 4 Donation 5 Other (Specify) GREEKCEMETERY 9-16 BALTIMORE, MD 21. SIGNATURE OF FUNGRAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD 21061 diameses, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory street, Approximate heert failure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Finel Onset and Death disesse or condition reculting in death) DUE, TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 TYES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2 70 5 - Residence 8 - Other (Specify) 27. MANNER OF GEATN 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Waturel 5 Pending Investigation 1 YES 2 NO 8 2 Accident 28s. PLACE OF INJURY — Al home, farm, streat, factory, offica building, etc. (Specify) 3 Sulcide BE COMPLETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 7 29d. DATE SIGNEO (Month, Day, Year) · 91 13/9 2

PLETED CAUSE OF DEATH OTEM 27) (Nov. Print)

22. HEGISTHAR'S SIGNATURE
a Davidson-Randall

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Thomas		istian			2. DATE OF DEATH	AY D	d ^Y EΛR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		(Month, Day, Months Man (Month, Day, Year)				a. BIRTHP Country		
-	9e. FACILITY NAME (If not institution, give s		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
CTO	Loch Raven VA Me			BALTIMORE						
JA C	MD 100. STATE 10b. COUNT	1		y, town or Lo altimore					10d. INSIDE CITY LIMITS? 1 X 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER	52 Gorsuch A		101. ZIP CODE 109. CITIZEN OF						
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Å YES 2 [IF YES, GIVE WAR OR DATES 1951-19		1 ☐ YES 2 📉 NO Specify: Specify:					— Americen Indien, While, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	work done during se retired.)	sual occupation the done during most of working retired.) Chine Operator Bethlehem Steel					el		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Abner W. Christian 18. MOTHER'S NAME (First, Middle, Melden Surname) Ruth Pankey									
TO E	Della M. Chris		196. MAILING 1152	2 Gors	uch A	or Aural A Aven	ue Balt	more	Code)	d. 21218
	20e. METHOD OF DISPOSITION © Burlel 2- Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Carrison Forest Owings Mills.									
	Garrison Forest Owings Mills, Md. 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217									
	23. PART I. Enter the diseeses, or ahock, or heert failure.	complications that caused the List only one cause on each if								Approximete interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. SUPSIS	>							Onaet end Deeth
_		Ma I nut								menths
ATIO	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING								1,00	
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONS	SEQUENCE (OUENCE OF):						
EDICAL C	Diabeles wellitus PERFORMED? AVAILABLE COMPLET									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	FTIN						-			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF D	EATH (Che	ick only one)			
14.SI	1 YES 1 NO 27. MANNER OF DEATH	1 Inpellent 2 ER/Outpatient	,				6 Other (Specify) 2ed. DESCRIBE HOW			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M 28c. INJURY AT WORK? M 1 YES 2 NO			□ NO				
	3 Suicide e Could not be 4 Homicide delermined	26e. PLACE OF INJURY — Al building, etc. (Specify)	home, farm,	elreel, factory, o	office		281. LOCATION (Stree City or Town, State	loute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(e) end menner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)								
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (I	TEM 27) (Typ	e, Print)						
	31. DAS (EP) (Magin, 3ev. 1997	32. REGISTRAR'S SIGNATURE	e Idabe							

Pages 1, 2, 3 should

P perms, i

-		
ĕ		7
98		
8		
5		
9		
Dec		
ac		6
det		5
9		10
P		-
20		2
S		ŧ
5		=
)ag		ğ
25		10
S		2
fire		Ξ
100		ě
Je		Έ
Ž		2
19	70	-
2	OE.	2
_	9	2
b	0	Ē
ij	'n,	2
20	Jati	=
ete	ET.	E
Ę	2	Ž
8	폌	2
ng	Ē	He
9	2	Ē
Cia	0	ē
S	à.	1
ā	elle	h
FILE	Š	d
еле	X	ē
att	팔	>
16	Me	Ξ
y	2	=
D	40	2
De	높	
Sig	운	3
Le Le	o o	h
8	H	65
Jas	20	6
e	rte	Ę
S	S	E
Ē	je je	9
3	4	~
this	·¥	\$
9	£	127
Aff	dea	6
è	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Tant if them 28 is marked or them 23 shows any Injury or other traumatic event, the medical examiner must be notified at once
8	aft	28
REC	SIE	E
ā	ğ	=
A	2	*
ER	ii.	Ė
3	無	N
	- 5	-

MPORTAN

223

91 24879 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) David Daven port PM 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 - F DAYS HOURA ν̈́Α. 27/25 214-20-6562 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bon Serous Hosp. 2000 W. Balto. H Bauto 21003 Balto cutu DIRECTOR Md RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Bouto 1 YES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Lauretta Ave. 2608 21216 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yee, specify Cuben, Maxican, Puerto Rican, atc.)
 I YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: Black 3 Widowed 4 □ Divorced B ETED. 15. DECEDENT'S EDUCATION pecify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Bethlehem Steel COMPL Steelworker 18. MOTHER'S NAME (First, Middle, Meiden Surns 17. FATHER'S NAME (First, Middle, Last) Davenport Dante Harris Raymond BE ESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)
Ashburton St. Balto., Md. 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Str 1139 As] 21216 Michelle Davenport 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION - City or Town, State XXBurial 2 Cremation 3 Removal from State King Memorial Park Baltimore, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons umes Balto., Md.(17) 1701 Laurens Street 23. PAm I. Enter the diseases, or complicatione that caused the deeth. Do not anter the mode of dying, such as cerdiec or raspiratory arrest, Approximata shock, or heart failure. Liet only one ceuse on each line, Onset end Daath IMMEDIATE CAUSE (Finel disease or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): recuiting in deeth) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASP REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 DER/Outpetient 3 DOA 4 - Nursing Home 5 - Realdence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 8 4 Homicide determined COMPLET 29s. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examin ation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SJGNATURE AND TITLE OF CERTIFIER BE 0 2

Jula Davidson-Randell

\$10 Y

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 5 may be retained by the hospital to see 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	- 1	2202	210	
1 -	FOR			
		TOAD		

	REGISTRAR				ICATE OF	DEA			REG. NO	,				
	1. DECEDENT'S NAME (First, Middle, Last,)						2. DATE O	F DEATH			3. TIME OF DEATH		
	Norman		Dawson / JR.			1	MONTH 0.9		AY	YEAR				
	Norman 4. Social Security Number	R.	A 105 //-			awsul ,			11	1	991			
	215-54-7943		6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	Day, Year)		8. BIRTH	NPLACE (Slate or Fore		
		1 📉 🗎 2 🗆 F	39	YRS.				1/4	/52		MD			
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	UNTY OF OEATN				
DIRECTOR	Francis Scott Key Medical Cntr Baltimore													
ĕ	RESIDENCE OF DECEDENT													
Ä	10a. STATE 10b. COUN	TY	Y, TOWN OR LOCA	TION				10d, INSID						
BALTO., CITY								YES 2 N						
	10e. STREET AND NUMBER						101. ZIP CODE							
2	1403 STENGEL		10			21222			10g. CITIZEN OF WNAT COUNT					
FUNERAL										USZ	A			
5	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. /	J.S. ARMED 13. WAS DECI			CENDENT OF HISPANIC ORIGIN			or No-	14. RACE	E — American Indian, k, White, atc.		
IE VEC CIVE WAS OR DATES								WHITE						
		<u> </u>			1									
Ē	15, DECEDENT'S EDI (Specify only highes) grad	UCATION le completed)	18e, I	DECEDENT'S	USUAL OCCUPATE work done during me	ON		16b. K	IND OF BU	SINESS/IND	USTRY	USTRY		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT u	se retired.)	OSI OF WORKE	g							
<u>G</u>	12th grade			LONG	SESHORE	MAN		_						
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						AEDIC MAT	AE (First, Mid	1-01- A P - 1-1-	0				
	NORMAN DAWSO	N, SR.						KOWAI						
BE	40. 1050000000000000000000000000000000000													
2	19a. INFORMANT'S NAME (Type/Print) KIM M. DAWSOI	AT.		19b. MAILING	ADDRESS (Street	and Number	or Rural Ro	oute Number,	City or Tow	n, State, Zip	Code)			
- 1	KIM M. DAWSOI	N		1403	3 STENG	A باط	VENU	JE						
	20a, METHOD OF DISPOSITION		20b. PLAC	E AND DATE	OF DISPOSITION (N.	ame of		DATE	20c. LO	CATION —	City or To	wn, State		
	Buriel 2 Cremetion 3 Ren	noval from State	CED	AR HI	LL CEM	ETER	Y	9/14				CHIE HV		
	21. SIGNATURE OF FUNERAL SERVICE LI				22. NAME A	ND ADDRES	SS OF FAC	H ITY						
	100	1			CHARLI	ES L.	STE	VENS	FUNER	AL H	OME,	INC.		
	400111	aid)	de	-	1501 I	E. FO	RT A	VENUE	BALT	IMOR	E, MI	D, 21230		
	23. PART I. Enter the diseases, or	complications the	t caused the	death. Dp i	not enter the mo	de of dyl	ng, such	as cerdie	c or resol	retory en	teet	Approximete		
	SHOCK, Dr Heert leilure.	List only one cau	use on each ili	ne.					o di Tompi	atory and	,	Interval Bety		
	IMMEDIATE CAUSE (Finel													
	resulting in death) ACUTE AND CHRONIC ALCOHOLISM											Onset and D		
	resulting in death)					ISM						Onset and D		
	resulting in death)		AND CHE			ISM						Onset and D		
N		DUE TO	(OR AS A CONS	SEQUENCE O	F):	ISM		Mary Control of the C				Onset and D		
TION	Sequentially list conditions, if any, leading to immediate	DUE TO		SEQUENCE O	F):	ISM						Onset and D		
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	SEQUENCE O	F):	ISM						Onset and D		
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO DUE TO C.	(OR AS A CONS	EQUENCE OF	F):	ISM						Onset and D		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO DUE TO C.	(OR AS A CONS	EQUENCE OF	F):	ISM						Onset and D		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A CONS (OR AS A CONS	EQUENCE OF	F): F):							Onset and D		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. DUE TO d.	(OR AS A CONS (OR AS A CONS	EQUENCE OF	F): F):		riven in P	Part I. 2	te. WAS AN		24b.	Onset and C		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A CONS (OR AS A CONS	EQUENCE OF	F): F):		riven in P		PERFOR	RMED?	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO		
DICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A CONS (OR AS A CONS	EQUENCE OF	F): F):		riven in P			RMED?	24b.	WERE AUTOPSY FIND		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A CONS (OR AS A CONS	EQUENCE OF	F): F):		yiven in P		PERFOR	RMED?	246.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A CONS (OR AS A CONS	EQUENCE OF	F): F):		iven in P		PERFOR	RMED?	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN?		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL	b	(OR AS A CONS (OR AS A CONS	EQUENCE OF	F): F): In the underlyin	g cause ç			PERFOR	RMED?	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN?		
SICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not	EQUENCE OF	F): F): In the underlyin 26. Pt OTHER:	g cause g	EATN (Chec	ck only one)	PERFOR	RMED?	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN?		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are supported by the conditions of	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS death but not	EQUENCE OF	F): F): In the underlyin 28. Pt OTHER: 4 □ Nursing Hom	g cause g	EATN (Chec	ck only one)	PERFOR	MED?		WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN?		
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 14. YES 2 NO	b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS death but not	EQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	F): F): In the underlyin 28. Pt OTHER: 4 □ Nursing Hom E OF 28c. INJUNY WO	g cause g	EATN (Chec	ck only one)	PERFOR	MED?		WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN?		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 14. YES 2 NO 27. MANNER OF DEATN 14. Natural 5 Pending Investigation	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpetient INJURY INJURY INJURY	EQUENCE OF SECUENC	F): F): In the underlyin 28. Pt OTHER: 4 Nursing Hom E OF 28c. INN WO 1 1	g cause g ACE OF DI 5 Re URY AT IRK?	EATN (Chec	ck only one)	PERFOR	MED?		WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN?		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN Y Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpetient INJURY INJURY INJURY	EQUENCE OF SECUENC	F): F): In the underlyin 28. Pt OTHER: 4 □ Nursing Hom E OF 28c. INJUNY WO	g cause g ACE OF DI 5 Re URY AT IRK?	EATN (Checosidence 8	Other (S	PERFOR	NJURY OCC	CURED	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN?		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN Y Netural 5 Pending investigation	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpetient INJURY FINJURY — At 1	EQUENCE OF SECUENC	F): F): In the underlyin 28. Pt OTHER: 4 Nursing Hom E OF 28c. INN WO 1 1	g cause g ACE OF DI 5 Re URY AT IRK?	EATN (Checosidence 8	Other (S	PERFOR	NJURY OCC	CURED	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATN VEN Accident 3 Suicide 6 Could not be detarmined	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpetient INJURY F INJURY — At It etc. (Specify)	SEQUENCE OF SEQUEN	F): F): In the underlyin 26. Pt OTHER: 4 Nursing Hom E OF 28c. INJ URY M 1 1	g cause g	EATN (Checked States of the St	Ck only one) Other (S 28d. DESCR	PERFOR VES 2 Specify) IBE NOW II	NJURY OCC	Or Rural R	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN YEN Actual 5 Pending Invastigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpetient INJURY WY, Year) F INJURY — At It etc. (Specify) my knowledge, c	BEOUENCE OF SECUEN	F): F): In the underlyin 26. PI OTHER: 4 □ Nursing Hom E OF M I □ street, fectory, office ad at the time, date	g cause g ACE OF DI 5 Re URY AT RK7 FES 2 and place,	EATN (Checo sidence 8	Other (S 28d. DESCR	PERFOR VES 2 Specify) IBE NOW II ON (Street a fown, State)	NJURY OCC	or Rural R	WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1/ PYES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATN VEN Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpetient INJURY WY, Year) F INJURY — At It etc. (Specify) my knowledge, c	BEOUENCE OF SECUEN	F): F): In the underlyin 26. PI OTHER: 4 □ Nursing Hom E OF M I □ street, fectory, office ad at the time, date	g cause g ACE OF DI 5 Re URY AT RK7 FES 2 and place,	EATN (Checo sidence 8	Other (S 28d. DESCR	PERFOR VES 2 Specify) IBE NOW II ON (Street a fown, State)	NJURY OCC	or Rural R	WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1/ PYES 2 NO		
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN YEN Actual 5 Pending Invastigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpetient INJURY WY, Year) F INJURY — At It etc. (Specify) my knowledge, c	BEOUENCE OF SECUEN	F): F): In the underlyin 26. PI OTHER: 4 □ Nursing Hom E OF M I □ street, fectory, office ad at the time, date	g cause g ACE OF DI 5 Re URY AT RK? YES 2 and place, eath occurrence.	EATN (Checo sidence 8	Other (S 28d. DESCR	PERFOR VES 2 Specify) IBE NOW II ON (Street a fown, State)	NJURY OCC	or Rural R	WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1/3/YES 2 NO Courte Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN YES 2 NO 27. MANNER OF DEATN YES 2 NO 28. CERTIFIER (Check only one) 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpetient INJURY WY, Year) F INJURY — At It etc. (Specify) my knowledge, c	BEOUENCE OF SECUEN	F): F): In the underlyin 26. PI OTHER: 4 □ Nursing Hom E OF M I □ street, fectory, office ad at the time, date	g cause g ACE OF DI S Re URY AT RK? and place, eath occur 29c. LICE	EATN (Check saidence 8 NO NO NO NO NO NO NO NO NO NO NO NO NO	28d. DESCR	PERFOR VES 2 Specify) IBE NOW II ON (Street a fown, State)	NJURY OCC	or Rural R	WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATN? 1 PSY 2 NO Noute Number, and manner as atels (Month, Day, Year)		
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural S Pending Investigation 2 Accident S Investigation 3 Suicide Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATURE A D TITLE OF CERTIFIE	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpetient INJURY Wy, Year) FINJURY — At hetc. (Specify) my knowledge, commination and/or	EQUENCE OF SECURITY OF SECURIT	F): F): 26. Pt OTHER: 4 Nursing Hom E OF 28c. INJ URY M t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t t Nursing Hom et of t Nursing Hom et	g cause g ACE OF DI S Re URY AT RK? and place, eath occur 29c. LICE	NO NO end due to the time at the time.	28d. DESCR	PERFOR VES 2 Specify) IBE NOW II ON (Street a fown, State)	NJURY OCC	or Rural R	WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1/3/YES 2 NO Courte Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN YES 2 NO 27. MANNER OF DEATN YES 2 NO 28. CERTIFIER (Check only one) 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY ey, Year) FINJURY — At hetc. (Specify) my knowledge, commination and/or	EQUENCE OF SEQUENC	F): F): In the underlying OTHER: 4 Nursing Hom E OF 28c. IRN URY M I N street, fectory, office and at the time, dete in, in my opinion, d	g cause g ACE OF DI e 5 Re URY AT /ES 2 eath occur 29c. LICE	NO NO end due to det the til	ik only one) Other (S 28d. DESCR 281. LOCATI City or 1 o the cause)	PERFOR VES 2 Specify) ON (Street at own, State) ON (street at own, State)	NJURY OCC	or Rural R	were Autopsy Find Awal Cable Prior to Completion of Cau of Death? 1 Ness 2 No No Note Number. and manner as atels (Month, Day, Year) 2 1991		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN Y Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AT TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WITH CAUSE CAUSE CAUSE CAUSE COULD SIGNATURE AT TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WITH CAUSE C	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY INJ	EQUENCE OF SEQUENC	F): F): In the underlying OTHER: 4 Nursing Hom E OF 28c. IRN URY M I N street, fectory, office and at the time, dete in, in my opinion, d	g cause g ACE OF DI e 5 Re URY AT /ES 2 eath occur 29c. LICE	NO NO end due to det the til	ik only one) Other (S 28d. DESCR 281. LOCATI City or 1 o the cause)	PERFOR VES 2 Specify) ON (Street at own, State) ON (street at own, State)	NJURY OCC	or Rural R	were Autopsy Find Awal Cable Prior to Completion of Cau of Death? 1 Ness 2 No No Note Number. and manner as atels (Month, Day, Year) 2 1991		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural S Pending Investigation 2 Accident S Investigation 3 Suicide Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATURE A D TITLE OF CERTIFIE	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY WY, Year) FINJURY At the ct. (Specify) my knowledge, of kamination and/outpatient The construction of th	EQUENCE OF SECUENCE OF The security of the sec	F): F): In the underlying OTHER: 4 Nursing Hom E OF 28c. IRN URY M I N street, fectory, office and at the time, dete in, in my opinion, d	g cause g ACE OF DI e 5 Re URY AT /ES 2 eath occur 29c. LICE	NO NO end due to det the til	ik only one) Other (S 28d. DESCR 281. LOCATI City or 1 o the cause)	PERFOR VES 2 Specify) ON (Street at own, State) ON (street at own, State)	NJURY OCC	or Rural R	WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATN? 1 PSY 2 NO Noute Number, and manner as atels (Month, Day, Year)		

020	ohoein
BALTIMORE, MARYLAND 21215-0020	is after death. Page 6 may be retained by the hospital or attending physics
T.	5
20	hoenital
A	å
Ξ	2
MAR	refained
	2
æ	ASE.
0	4
Σ	Pane
ALT	death.
œ	after
	1

use as the burial-transit è funeral director, page 5 should be detached

Pages 1, 2, 3 should

permit.

DIRECTOR

24881 91 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR F. DAVID FRENCH Sept. 1991 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) DATE OF BIRTN (Month, Day, Year) June 4,1907 IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 218-01-5753 1 M 2 F 84 YRS Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3101 Juneau Place Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 | NO UNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 3101 Juneau Place 21214 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED

21215-002 I or attending phys for use as the buri	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 Y	PR DATES	If yes, sp	ecify Cuben, Mexic 2 (X NO Spec		Rican, etc.)		Black, Wi Specify:	White
215 aften	ED	15. DECEDENT'S Et (Specify only highest gra		18a. DECEDENT'S USUAL OCCUP. (Give kind of work done during			ATION 16b, KIND OF			OF BUSINESS/INDUSTRY	
MARYLAND 21215-002/ retained by the hospital or attending phys 5 should be detached for use as the burit potified at once.	COMPLET	Elementary/Secondary (0-12) 7 VY S	College (1-4 or 5+)	life. Do NOT use	Foreman		Plastic Factory				
MARYLAND retained by the hospit 5 should be detached notified at once.	00	17. FATHER'S NAME (First, Middle, Last)	a wala	18. MOTHER'S NAME			(First, Middle, Malden Surname)				
RYL Sed by	BE	Wesley	Fr	ench	Luiu						vard
MAR retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)	-1	1	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)						
E, E		Miss Eileen Frer	icn		Same as #10						
MORI oge 6 maj director, p		1 X Buriet 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF Cemetery, cremetory or othe Parkwoo	DISPOSITION (Na or place)	9/14/	91		altimo		
BALTIMORE, MARYLAND 21215-002/ rouns after death. Page 6 may be retained by the hospital or attending phys of in by the funeral director, page 5 should be detached for use as the burit or removal. medical examiner must be notified at once.		21. SIGNATURE OF UNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214 Leonard J. Ruck, Inc. 5305 Harford Rd.									
B after n by the removal		23. PART I. Enter the diseases, o	complications that call.	tha death. Do no	t anter the mo	da of dying, su	ch se can	flac or rasp	irstory srres	st,	Approximata
in 24 1 ely fille nation,		IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	Heart	Failure AS A CONSEQUENCE OF):							interval Between Onest and Death
P.O. BOX 68: th certificate be execute ending physician and co I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially ilst conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST									
RECORI equires that the signed by of Health and inlows any line	MEDICAL	PART II. Other significant condition	ons contributing to deat	th but not resulting in	but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES NO				RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 U YES 2 MAD	
AL F le law has be bept.	A	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATN (Check only one)								
F VITA SICIAN: The certificate h the State C or item	Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome Residence 8 Other (Specify)								
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate ha s after death with the State D 1.28 is marked, or item?	BY PHYSICIAN:	27. MANNER OF DEATN Natural 5 Pending	28a. DATE OF INJU (Month, Day, Yei	RY 28b, TIME OF 28c INJURY AT 28d DESCRIBE NOW IN HIRY				NJURY OCCU	OCCUREO		
DIVISION OF DR ATTENDING PHYSICI DIRECTOR: After this cer hours after death with th item 28 is marked, c	8	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28a PLACE OF IN I	JRY At home, farm, street, factory office			28f. LOC City	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
HOSPITAL DR FUNERAL DIRI WITHIN 72 HOUR	BE COMPLET		NER: On the baels of examin	owledge, death occurred at the time, date and place, and due tion and/or investigation, in my opinion, death occured at the			the time, date end place, and due to the cause(s) and menner as s				
を を を を を を を を を を を の の の の の の の の の の の の の		(reliano 1	/ lour	1	D 2377						
	10	30. NAME AND ADDRESS OF PERSON W Richard L. Diam			Falls		, ,		, ,		
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S Lina Davidson	GIGNATURE	1 4113	NU.					
		SEP 1 3 1991	gina Davidson	-Manage							

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending	by the funeral director, page 5 should be detached for use as the laminoval.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	E 01	

				9		382					
	1 - STATE OF MARYLA		MENT OF HEALTH AN	D MENTAL HYGIENI REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Lost) Stephen Francis Fler	age		2. DATE OF DEATH DA	YEAR 91	8.135 M					
	214-64-2916 18M2 JF 35	214-64-2916 18 M 2 JF 35 YRS. MONTHS DAYS HOURS MIN. 5-7-56									
TOR	9a. FACILITY NAME (If not institution, give street and number) JOSEPH RICHRY HOSPIC RESIDENCE OF DECEDENT		Baltimor	10.00	9c. COUNTY OF DE	ATH					
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore COunty	TATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									
FUNERAL	100. STREET AND NUMBER 4022 Villa Nova Rd.	, , , ,	10f. ZIP CODE 21207		10g. CITIZEN OF WI	1 YES 2 K NO					
B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DATE.	2 X 100	13. WAS DECENDENT OF HIS	SPANIC ORIGIN? (Specify Yea xican, Puerto Rican, atc.) secify:	or No- 14. RACE	- American Indian, Whita, atc. : White					
COMPLETED	(specify only nignest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of work life. Do NOT use re Retail Ma	done during most of working bired.)	166. KIND OF BUS							
BE CON	17. FATHER'S NAME (First, Middle, Last) Theodore M. Flerlage		18. MOTHER'S	NAME (First, Middle, Maiden S	Sumame)						
10	Mrs. Mary Flerlage	4022 Vi	DRESS (Street and Number or Ru.			07					
	1 X Burlat 2 Cremation 3 Ramoval from Stata ceme	Druid Ridge Cemetery 9-16-91 Pikesville, MD									
	> John K Aynold)		8728 Liberty	s Funeral Di y Rd. Randa	llstown,						
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hypoxemia Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Final disease) Approximate interval Between Onset and Death // Appr										
CERTIF	that initiated events reaulting in death) LAST d. Chronic myelog chous /cultemia / year										
N: MEDICAL	PART II. Other algorificant conditions contributing to death bu	t not resulting in t	he underlying causa given	In Part I. 24s. WAS AN / PERFORI	MED? 24b.	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 To 1 Inpatient 2 ER/Outpail 27. MANNER OF DEATH Netural 5 Pending		28. PLACE OF DEATH THER: Nursing Home 5 Rasiden F 28c. INJURY AT WORK? M 1 YES 2 NO		Richey JURY OCCURED	. Haspico					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY - building, etc. (Specific	281. LOCATION (Street at City or Yown, State)	nd Number or Rural Ro	ute Number,							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination					and manner as stated.					
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIEB 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri		3006	29d. DATE SIGNED (/	Month, Day, Year)					
		e //,	101 W.	Reas	(+	21217					

GENERAL THE

Sweet 30.4. 5

19-11-5 ANNUAL PROPERTY AND THE PARTY OF THE PARTY O act of 1

erangerer gastines

Million of the second of the State of the St

A THERE IS Participants.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR			CERT	FICA'	TE OF			IENTAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Lest)	Geral	od V	ichae.	. Go	od			2. DATE OF DEATH O		91 3.	TIME OF DEATH 5
	1 70 - 54 - 82 51	5. SEX 1 🔀 M 2 🗌 F	6. AGE (II	yrs. lest birthde	MONTH	DER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-12-1		Country)	CE (State or Foreign
œ	90. FACILITY NAME (If not institution, give s Liberty Medica							ON OF DEA		9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		Γ.	1 200		Balt		re				
	Maryland					Balt		ce				I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	2004 W. Nor	th Aven	ue			10	21 ₂			10g. CITIZEN	USA	COUNTRY?
B	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 IF YES, GIVE W	YES	2 A NO	1	If yes, sp	ecify Cube	OF HISPANIC in, Mexicen, Specify:	C ORIGIN? (Specify Yes Puerto Ricen, etc.)	s or No.— 14.	Specify:	American Indian, hite, etc.
	15. DECEDENT'S EDUC (Specify only highest grade	completed)		16e, DECEDENT (Give kind life, Do NOT	of work do	ne during mo	ON ost of working	יפ	16b. KIND OF BUS	SINESS/INDUS		ack
COMPLET	Elementery/Secondery (0-12)	College (1-4 or 5+)			Hel	р		Cat	ering	Co	•
BE CO	17. FATHER'S NAME (First, Middle, Last) "Unknown"								e (First, Middle, Meiden y Jane G			
2	190. INFORMANT'S NAME (Type/Print) Deborah L. Po	well							ute Number, City or Town Harrisbu			7104
	20a. METHOD OF DISPOSITION 1 Buriel 2 A Cremetion 3 Remote 4 Donetion 5 Other (Specify)	oval from State	20b. F	PLACE AND DAT	E OF DISP	OSITION /Na	me of			CATION CITY	or Town	Pana
1000	21. SIGNATURE OF FUNERAL SERVICE CO	Physiq Man 7	He	16 01 0	2	2 NAME AF	atio	ss of facility	ociety o	f Mar	vlar	nd. The
	George E. M					299	Fred	deri	ck Rd	Balto	1	VID 21228
	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	lst only ona caus	se on eac	ch lina.)S	ar the mp	da of dyl	ng, such	as cardiac or reapi	raiory arrast	,	Approximate interval Batweer Onset and Daati
IFICATI	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	B1/9	OR AS A C	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE	- 1/1 OF): OF):	ngs D		nfi	Itrate			
MEDICAL (PART II. Other algolificant conditions	contributing to c	death but	t not rasultin	in tha	undariyinç	g cause g	ivan in Pa	PERFOR 1 YES 2	MED?	COM DF 0	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION DF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26 PM	105.05.05	EATH (Check				TES Z NO
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpat	lent 3 🗆 DOA	OTHI 4 🗆 N	R:			Other (Specify)			
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, Day	NJURY y, Year)	28b. T	ME OF JURY M		URY AT RK? 'ES 2		ed. DESCRIBE HOW IN	JURY OCCURI	ED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE DF building, e	INJURY itc. (Specify	Al home, ferm	, streel, fe	ctory, office		2	8f. LOCATION (Street e City or Town, State)	nd Number or R	Rural Route	Number,
COMPLETED	200. CERTIFIER (Check only one) CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of n	ny knowlec	ige, death occu	red at the	time, date	end place,	end due to	the cause(e) end man	ner ee stated.	use(s) end	menner ee stated.
H /	SHOULD USE AND TITLE OF CENTIFIER	>					29c. LICE	NSE NUMBI	ER 115	29d. DATE SIG	GNED (Mon	th, Day, Year)
L	NAME AND ADDRESS OF PERSON WHO	engi	m	0 26	e, Print)	LIE	25	ty H	CITS AVE	BPI	H) M	021215
3	SEP 1 3 1991	Julia Devids	'S SIGNAT	ndell								



age thinks I set

-7

n we me . V

20	hysic
BALTIMORE, MARYLAND 21215-0020	xecuted within 24 hours after death. Page 6 may be retained by the hospital or attending physici
7	0° a
2	hospital
Y	the
⋝	3
MAR	retained
	2
2	тау
0	9
Σ	Page
ALT	death.
m	after
	hours
	24
60,	within
68760	ecuted

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

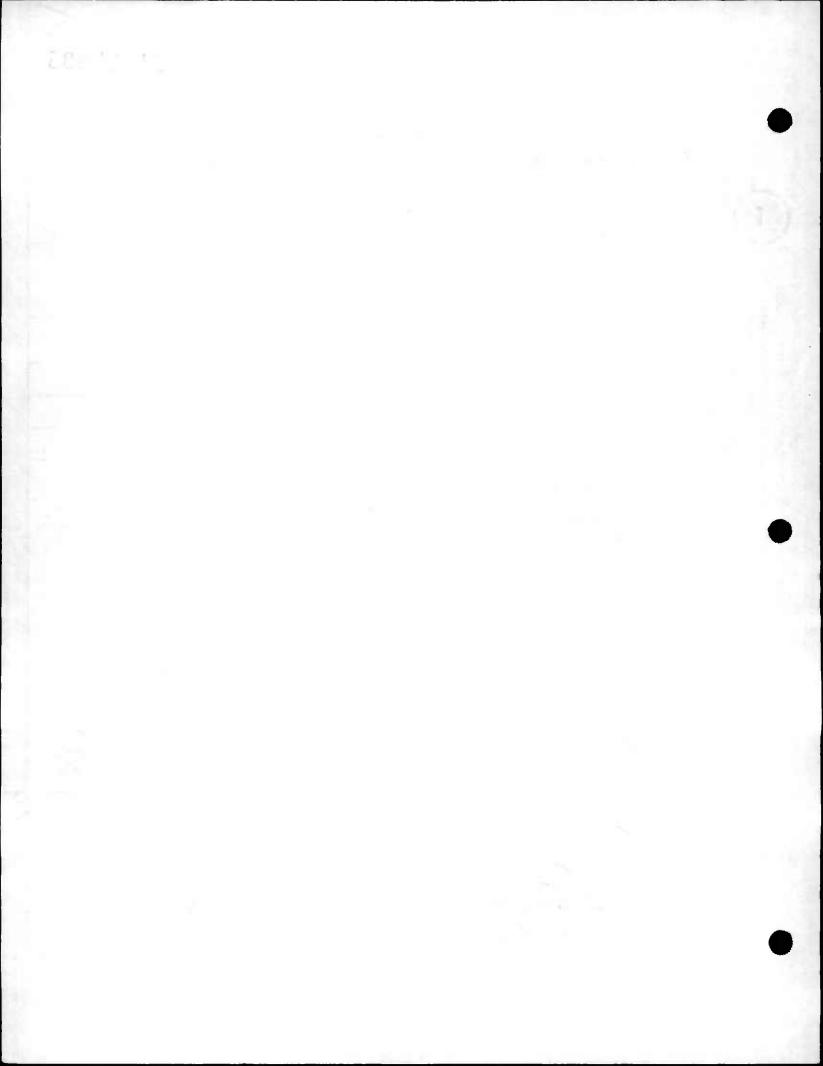
	EDNA A. 4. SOCIAL SECURITY NUMBER 21.6-20-0722	5. SEX 6. AG	E (In yrs. last bin	thday) IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	DAY 9	8. BIRTNPLACE (State or For
J.R	99. FACILITY NAME (If not institution, give : 51, JOSEPH)	street and number)	68	9b. CITY,		R LOCATION OF DE	12 27 ATH		TY OF DEATH 9LTIMORE
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ	10	e. CITY, TOWH O	R LOCATI	ON			10d. INSIDE CITY
		ord County		Belair	_				LIMITS?
FUNERAL	100. STREET AND NUMBER	During				ZIP CODE			EN OF WHAT COUNTRY?
UNE	117 Bright Oaks	12. WAS OECEDENT EVE			MAS DECE		IC ORIGIN? (Specify		gland 14. RACE — American India Black, White, etc.
B	1 Never Married 2 X Merried 3 Divorced	FORCES? 1 YE	DATES		YES	2 NO Specify			Specify: White
TED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Give I	ENT'S USUAL OR kind of work done of NOT use retired.)			16b. KIND OF	BUSINESS/IND	USTRY
COMPLET	Elementery/Secondary (0-12) 12	College (1-4 or 5+)	Н	omemake	r				
SO	17. FATHER'S NAME (First, Middle, Lest)						ME (First, Middle, Mald	len Surname)	
BE	(Unknown) Hi	udson	19h M	All ING ADDRESS	(Street a)		KNOWN Route Number, City or	rwn State 7in	Cordel
2	Robert Martin G	uvas				ks Dr. E		d. 210	
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ren	C-274-TO 1 - 2-0-2	20b. PLACE AN	D DATE OF DISP	OSITION	(Name	DATE 20c.	LOCATION —	Olly or Town, State
	4 Donetion 5 Other (Specify)		Morelan	<u>d Memor</u>	ial	Park Cen		lto.,	Md. 21234
							Leona		ick Inc.
	Mark T. 23. PART I. Enter the diseases, or								Md.21214
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discosse or injury that initiated events	6	A CONSEQUE	atic	7	Zueas	t Car	cin	ome
ERTI	resulting in death) LAST	d							
MEDICAL	PART II. Other significant condition	ons contributing to deet	h but not res	ulting in the ur	nderlying	g cause given in	PER	AN AUTOPSY FORMED? 3 2 NO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF O OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (CA	eck only one)		
AN		MOCRITAL		OTHE	R:	ou lesson	8 Other (Specify)		
SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/0	Outpatient 3 🗆	DOA 4 Nu	Build Licent				
РНҮ	EXAMINER?	1 Inpatient 2 ER/C 28a. DATE OF INJU (Month, Day, Yel	RY ar)	6b. TIME OF INJURY M	28c. INJ WO 1 1	PRIC?	28d. DEŞCRIBE HO	W INJURY OC	CURED
ED BY PHY	EXAMINER? 1	28a. DATE OF INJU	RY er) 2	6b. TIME OF INJURY M	28c. INJ WO 1 1	PRIC?		set and Number	or Rural Route Number,
ED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 20e. CERTIFIER (Check only 1 CERTIFYING PNY	28a. DATE OF INJU 28a. DATE OF INJU (Month, Day, Yes 28a. PLACE OF INJ	RY 2 URY — At home Specify)	16b. TIME OF INJURY M. In ferm, street, fac	28c. INJ WO 1 1 1 tory, office	PRK? YES 2 NO e and place, and due	281. LOCATION (Str. City or Yown, S	pet and Number ate)	or Rural Route Number,
BE COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER 1 CERTIFYING PNY ONE) 2 MEDICAL EXAMIN	28a. DATE OF INJU (Month, Day, Ye) 28a. PLACE OF INJU building, etc. (s) SICIAN: To the best of my k NER: On the beste of examin	RY 2 URY — At home Specify) nowledge, death	18b. TIME OF INJURY M., ferm, street, fac	28c. INJ WO 1 1 1 tory, office	PRK? YES 2 NO e and place, and due	28f. LOCATION (Str. City or Town, S	menner as state,	or Rural Route Number,
COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Neturel 5 Pending investigation 2 Accident investigation 3 Suicide 8 Could not be determined 20e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF INJU (Month, Day, Ye) 28a. PLACE OF INJU building, etc. (s) SICIAN: To the best of my k NER: On the beste of examin	RY er) URY — At home Specify) nowledge, death setton end/or inv	18b. TIME OF INJURY M., ferm, street, fac	28c. INJ WO 1 1 1 tory, office	PRK? YES 2 NO e and place, and due leath occured at the	28f. LOCATION (Str. City or Town, S	menner as state,	or Rural Route Number, ted.

. DIRECTOR: After this certificate has been signed by the attending prysicial and completely lifed in by the funeral director, page 5 should be detached		Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9		at
DIPO		Hed
S		=
0		=
ᇎ		ă
rector,		must
0		e
Tunera		xami
Jue /	loval	ial e
6	ren	5
2	6	Ĕ
y Tille	ation,	the
ere	E	at,
Ē	3	2
3	Jula	2
n and	to br	mat
SICIA	prior	IT I
E	aue	her
	夏	9
Ten C	五	ō
4	ente	Ę
N E	M bu	Ī
2	h a	and a
Sign	Healt	M.S.
9	6	흝
as D	Dept.	23
ate	tate	Item
Serting:	the	10
mis c	with	ked,
Affer	hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	s mar
H.	fter	-
EC	S	1 2
PIH	Nou	ten
٠.	-	-

	1 - FOR STATE REGISTRAR	TE OF MARYLAND /		IT OF HEALTH AND I	MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) M.	erle R	. G	ilbert	2. DATE OF DEATH DO	8 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEI	X 6. AGE (In yrs. last	YRS. MONTHS	ER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	19Z9 6. BIF	TTNPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give street and	00	9b. CIT	TY, TOWN OR LOCATION OF DE		9c. COUNTY OF	renna.
OB	Carroll Com	ty Hospit	al U	Vestmins	ter	Car	roll
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CITY, TOWN	/			10d. INSIDE CITY
PIE	Pa Yor	K	We:	st Manhe	im lup		LIMITS? 1 YES 2 TNO
FUNERAL	100. STREET AND NUMBER 297 466	v+ Rd		101. ZIP COOE		10g. CITIZEN O	F WNAT COUNTRY?
NO.		AS DECEDENT EVER IN U.S. ARI DRCES? 1 1 YES 2 N		3. WAS DECENOENT OF HISPAN If yes, specify Cuban, Maxica		or No- 14. R/	ACE — American Indian, lack, White, atc.
BY	3 Widowed 4 Divorced	YES, GIVE WAR OR DATES		1 TES 2 NO Specify			Decity: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	(Gi	CEDENT'S USUAL ive kind of work done Do NOT use retired.	e during most of working	16b. KIND OF BU	SINESS/INDUSTR	Y
PLE	Elementary/Secondary (0-12) Colle	oge (1-4 or 5+)	Pain	Ler	Pa	intiv	19
SOM	17. FATHER'S NAME (First, Middle, Last)	/-11 1		16. MOTNER'S NA	ME (First, Middle, Maiden	Surname))
BE (L, >, (51/ber			verta	Car	
5	19a. INFORMANT'S NAME (Type/Print) Mary	bert 198	297	SS (Street and Number or Rural)	Route Number, City or Tow	n, State, Zip Code)	ver 17331
	20a. METNOD OF DISPOSITION 1. Burial 2 Cremation 3 Removal fro 4 Donation 6 Other (Specify)	om Stata 20b. PLACE other pla	OF DISPOSITION (I	Name of cemetery, cremetory or		Man he	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1/1/	1 22	2. NAME AND ADDRESS OF FA		549	Carlisle St
	tepho	K. Mul	0	Wetzel Fa	neval Hon	re He	anover la
	23. PART I. Enter the diseases, or compile shock, or heert fellure. Liet or	cetions that caused the de nly one cause on each line	ath. Do not ente	er the mode of dying, suc	h ss cardlec or resp	Iratory arrest,	Approximats Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Cardina DUE TO (OR AS A CONSEC	c A-	nest			Onset and Death
-					0.4-00-		
CERTIFICATION	Sequentially list conditions, if any, isading to immediate	DUE TO (OR AS A CONSEC	DUE CE OF):	7			
ICA	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEC	DIENCE OED				
FE	thet initiated events resulting in desth) LAST	por to louve a comme	IDENCE OF J.				
	PART II. Other significent conditions cont	tributing to death but not a	equipa in the	and adulant cause gluen la	n-w.l. Tare week	· · · · · · · · · · · · · · · · · · ·	THE ALTERNATION FOR STANDARD
CAL	PART II. Other significant conditions com	inputing to deem but not i	esuiting in the t	underlying ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI					1 _ YES 2	2 PNO	OF DEATN? 1 □ YES 2 □ NO
2 ≥							I I the s garde
CIA		SPITAL:	ОТН	26. PLACE OF DEATH (Ch	neck only one)		
IXSI	1 YES 2 1 1 1	inpatient 2 ER/Outpatient 3	DOA 4 N	lursing Nome 5 - Residence			
BY PHYSICIAN:	1 Natural 6. Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURED	
COMPLETED B	L Decident	26e. PLACE OF INJURY — At ho building, atc. (Specify)	me, farm, street, fa	actory, office	281. LOCATION (Street City or Town, State	and Number or Rui	ral Route Number,
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: 1	To the best of my knowledge, de	eath occurred at the	e time, data and placa, and dur	to the cause(s) and ma	nner as stated.	
OM	one) 2 MEDICAL EXAMINER: On t						se(a) and manner as atated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			NED (Month, Day, Year)
TO B		5 m/ t 0.		Pa. U	53005	1919	1191
	30. NAME AND ADDRESS OF PERSON WHO COM WATNE H.	SE NET	M 27) (Type, Print)	212 TH	IRD ST.	H	THOUER, Pa.
		32. REGISTRAR'S GIGNATURE	idson-Aland				
	W 0 10	EMI (Charles and Collection	200			

900		900
3		7
OK: And this continuate has been signed by the attending physician and compressly med in by the little at the bage 3 should be used		e is marked as them 92 shows now interest of other fraumstiff event the medical examiner must be notified at one
and o		ha a4
10, 10		1 toll
חוופר		10 m
DIMIN		vamin
200	loval.	a les
5	Ter	P
2	0	E
MILE OF	ation,	4
וואופונ	fter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	want
3	pnuial	affe
	2	8
your	prior	tra
2	giene	othe
5	Ť	è
e din	Aental	Trus.
n A	P	3
2	20	-
SIGN	Healt	-
5	b	4
O SEU	Dept.	23
Calle	State	Idam
EDUS:	the	-
DIS	with	dead
ATTE	death	-
OK.	fter	0

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (FIRST	'Middle, Last)	Wingon	t (NMX)	ERTIF				ГН	2. DATE OF OEATH		3. 1	TIME OF DEATH
		nce	Avincen	IL (NMA)	SRC	16 Ch	ossi	-		Sept 9,		EAR	1:20P
	4. SOCIAL SECURITY NUME	SER CO	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLA Country)	CE (State or Foreign
	035038-	123	1 XM 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	Month, Day, Year	-06 RI		Island
	9a. FACILITY NAME (If not institution, give street and number)						TOWN O	R LOCATI	ON OF DE	EATH	9c. COUNTY		
DINECTOR	252 Catali		rcle			Se	ever	na Pa	ark		Anne	Aru	ndel co
	RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	Y, TOWN C	R LOCAT	ION				100	. INSIDE CITY
	MD	Δr	ne Arund	lel Co		evern							LIMITS?
	10e. STREET AND NUMBER	- 111	ine mane	ici co	1 50	VCIII		ZIP COD	E		10g. CITIZEI		COUNTRY?
	252 Catalin	a Circ	cle					2.	1146		USA	1	
LONEUVE	11. MARITAL STATUS		12. WAS OECEDEN					ENDENT (F HISPAI	NIC ORIGIN? (Specify	Yea or No- 14		American Indian,
	1 Never Married 2 3 Wildowed 4 Divi			YES 2 MAR OR DATES				2 NO		in, Puarto Rican, atc. y:	,	Specify:	
	- 1				res					no		Whit	e
	(Specify on	EDENT'S EDU y highest grade	completed)		Give kind of fe. Do NOT u	work done			ng	18b. KIND OF	BUSINESS/INDUS	TRY	
	Elementary/Secondary (I)-12)	College (1-4 or 5	+)			ret	ired	E	Shoe	Repair	man	
	17. FATHER'S NAME (First, A	fiddle, Last)						18, MOT	HER'S NA	ME (First, Middle, Ma	iden Surname)		
	FRANSECO GF									NA CONTO			
	19a. INFORMANT'S NAME (3	9b. MAILING	ADDRESS	S (Street a			Route Number, City or	Town, State, Zip Co	ode)	
1	Katherine G	onsalv	res D	aughter	252	2 Cat	alir	na Ci	rcle	e, Severn	aPk, MD	2114	16
1	20a. METHOD OF DISPOSIT			20b. PLAC	E AND DAT	E OF DISP	OSITION				LOCATION — CIT		
1	4- Donation 5 Other	(Specify)			ry, cremator	y or other p	nace)						
1	21. SIGNATURE OF FUNERA	AL SERVICE LI	RONAL RONAL	d Wade,	Dir	22.	NAME A	ND ADDRE	SS OF FA	State	Anatom	v Boa	ırd
	Sullan	1/1	W/b	4 -		6	55 W	7. Ba	ltin	more St,		_	
	resulting in death) Sequentielly list condit		b. DUE TO	O (OR AS A CONS	EOUENCE O	DF):	301	CI	No	MA-	-META	157A	7.e
	If any, leading to imme cause. Enter UNDERLY	ING											
OFFICE POPULATION	CAUSE (Disease or Injuthat initiated events	ury	DUE TO	OR AS A CONS	EOUENCE C	P):							
	resulting in daeth) LAS	ST	d										
	PART II. Other algolific	ent condition	na contributing to	death but no	resulting	In the ur	nderivin	a cause	alven In	Part I. 24a. WA	S AN AUTOPSY	24b. WE	RE AUTOPSY FINDI
										PE	RFORMED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUS DEATH?
	25. WAS CASE REFERRED	TO MEDICAL					26. PI	LACE OF I	DEATH (C)	heck only one)		_	
	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		10 6 A	esidenca	6 C Other (Specify)			
	27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	26b. TH	ME OF		JURY AT		28d. DEŞCRIBE H	OW INJURY OCCU	RED	
	1 Natural 6 2 Accident	Pending investigation	(marsh,	,,,		М		YES 2 (NO				
	• 🗆 • • • • • • • • • • • • • • • • • •	Could not be determined		OF INJURY — AI I, atc. (Specify)	home, farm,	street, fac	tory, offic	e .		28f. LOCATION (Si City or Town, S	reet and Number or State)	Rural Rout	Number,
	CONTROL ONLY									e to line cause(a) and a lime, data and plac			d menner as state
	296. SIGNATURE AND TITL	E OF CERTIFIE	iR .					29c. LIC	ENSE NU	IMBER	29d, DATE S	SIGNED (Me	onth, Day, Year)
		-						10:	77	157	1 4 9	5	G 1
2 2	1 6 4	le	-					1.	7/1) /		- 1.	-71
	30. NAME AND ADDRESS OF	OF PERSON(WI	HO COMPLETED CA	USE OF DEATH (TEM 27) (Typ)	Print)	SVI	af	arn	nRd, 1	GENOU	on	0 210



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYC

	1 - STATE REGISTRAR	SINIE OF MAN			CATE OF	DEATH	MENIAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH			3. TIME OF OEATH
	Victor	G	ortafi	m			0 9	04	19	YEAR 91	8:12 AM
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last bir	thday)	IF UNDER 1 YEAR KONTHE DAYS	IF UNDER 24 HRS	(Month,		7	1	LACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give str On streat-in 213 W. 29th St	front of	Miles	1	Balti	more			9c. COL	INTY OF DE	ATH
2	10e. STATE 10b. COUNTY	110-50-5	1	Oc. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY
	MD	na		F	Baltimo	re					LIMITS?
FUNERAL	100. STREET AND NUMBER 3040 Remington			-	. ZIP CODE			10g. CIT	TIZEN OF WI	HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ER IN U.S. ARMEI 'ES 2 1 NO R DATES)	If yes, sp	ENDENT OF HIS ecify Cubert, Mes 2 NO Spo	icen, Puerto Ri		or No	14. RACE Black, Specify	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, Mi	ddle, Malden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) OCME		19b, M	AILING A	DDRESS (Street	and Number or Ru	rel Route Numbe	r, City or Tow	n, Stete, Zi	ip Code)	-
	20a. METHOD OF DISPOSITION 1	wal from State	20b. PLACE AND cemetery, cremate			ame of	DATE	20c. LO	CATION -	City or Tow	rn, State
	21. SIGNATURE OF FUNDINAL SERVICE LICE		Wade,	Dir		W. Balt	,	State		_	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Daeth Onset and Daeth Onset and Daeth Onset and Daeth DUE TO (OR AS A CONSEQUENCE OF): CHRCNIC ALCOHOLUSM DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
DICAL CER	PART II. Other significant conditions		th but not resu	ilting in	tha undarlyin	g cause given		24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MED	-									- 1	OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 \(\text{NO} \) NO	HOSPITAL:	Outpatient 3 🗆	DOA 4	OTHER:	ACE OF DEATH			n et	root	
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		8b. TIME INJU	OF 28c, IN.	URY AT ORK? YES 2 1 NO		RIBE HOW I			
	3 Suicide 8 Could not be determined	28s. PLACE OF INJ building, atc. (28a. PLACE OF INJURY — At home, term, atreet, factory building, atc. (Specify)			•		FION (Street of Town, State)		er or Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC cne) 2 XMEDICAL EXAMINE										and mennar as atated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE	NUMBER		29d. DA	TE SIGNED	(Month, Day, Year)
TO BE	0.00	ight MO				0.C.	M.E.		• (09_04	1991
	30. NAME AND ADDRESS OF PERSON WHO DONALD G WRIGHT Frank J. Peret	ti. MD	111					ore	Mary	land	21201
	31. DATE FILED (Month, Day, Year) SEP 1 3 199	Julia Du		deed							

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

Tour 15

. .

TO THE HOSPITAL OF ATTENDING MISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

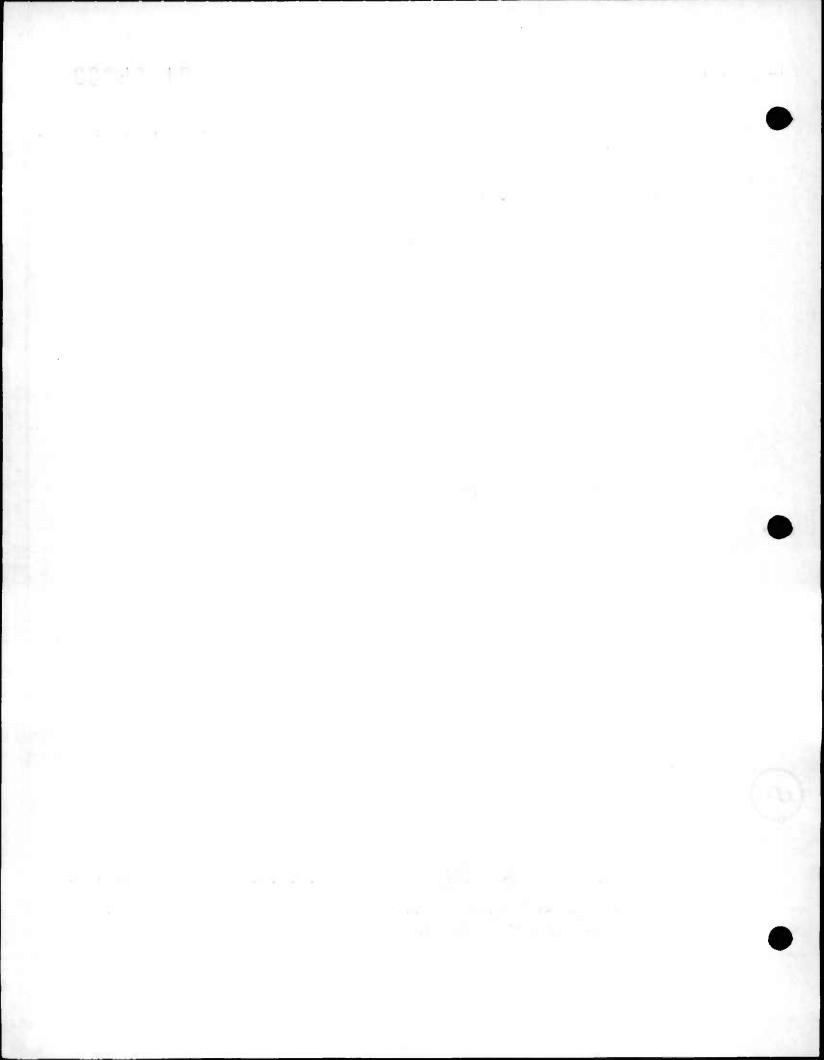
TO THE FUNERAL INFORMATION or as the bear signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours are dear with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IN DF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH		TV	3. TIME OF DEATH
	BETTY			HAN	ILLT	ON				0 9	10		991	8:23 P.M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF E (Month, De	HRTH			IPLACE (State or Foreign
	216-28-09	74	1 🗆 M 2 💢 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	11-2	7-29)	Court	" MD
_	8a. FACILITY NAME (If not in	stitution, give s	reet and number)			9b, CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	PEATH
5	611 PARI	AVE	APT.	1007		BA	LTI	MORE						
	RESIDENCE OF DEC	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	MD				ВА	LTI	MORI							LIMITS?
	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	611 PARK	AVENU	JE AP	T. 1007	7			212	01				U.S	. A .
5	11. MARITAL STATUS			T EVER IN U.S. ARI		13.	WAS DEC	ENDENT	F HISPAN	IIC ORIGIN? (S	pecify Yea	or No-	14. RACI	E — American Indian, k, White, atc.
BY F	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE Y					2 NO		n, Puerto Ricar /:	1, etc.)		Spec	
		EDENT'S EDU	CATION	He DE	CEDENTIS	lucua. o	OOLBATI	201		T				DLACK
COMPLETED	(Specify onl	y highest grade	completed)	(GI	ve kind of	work done se retired.)	during mo	ost of working	ng	100. KIN	D OF BUS	INESS/IN	DUSTRY	
PL	12TH	F12)	College (1-4 or 5		ISEK	EEP	ING			LINT	ON	MEMO	RIA	L HOSP.
OM	17. FATHER'S NAME (First, M	liddle, Last)		1110	000		1110	16. MOTI	HER'S NA	ME (First, Middl			71(17)	11031 1
BE C	VERNON H.	AMILT	ON					VIR	RGIN	IA DA	BNE	Υ		
TO B	19a. INFORMANT'S NAME (19t	. MAILING	ADDRES	S (Street a			Route Number, C			p Code)	
ř	DOROTHY	WILSO	N	1:	241	W00	DBO	URNE	AV	E./BA	LTI	MORE	Ξ, Μ	D 21239
	20a. METHOD OF DISPOSIT	ION on 3 🗆 Reme	oval from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (N	ime of		DATE	20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other (Specify) ARBUTUS MEMORIAL PARK ARBUTUS, MD													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MM. C. MARCH F. H. / 1101 E. NORTH AVE.													
	/	er c	2//	Fer	>	- "	M. C	. MAI	RCH	F.H./	110	1 E	. NC	ORTH AVE.
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallure.	a. Arte	OR AS A CONSEC	वीर	C	>			-lar				Approximate interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.													
ERTIF	that initiated events resulting in death) LAST d.													
	PART II. Other algolitics	nt condition	a contributing to	death but not re	sulting	in tha u	nderlyin	g cause (given in	Part I. 24s	. WAS AN		24b	. WERE AUTOPSY FINDINGS
MEDICAL										1/	PERFOR	11		AVAILABLE PRIOR TO COMPLETION OF CAUSE
녵												1		OF DEATH? 1 YES 2 NO
										_				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)													
YSI	1 X YES 2 NO		HOSPITAL:	ER/Outpetient 3	□ DOA	4 Nu		6 5 X R	esidence	6 Other (Sp	ectfy)			
BY PHYSICIAN:		Pending Investigation	26a. DATE Of (Month, I		26b. TIN	ME OF JURY M	28c. (N. WC	PK?	NO	28d. DESCRI	BE HOW II	NJURY OC	CURED	
	3 Suicide 6 4 Homicide	Could not be detarmined	26a. PLACE (building	OF INJURY At ho , etc. (Specify)	me, ferm,	street, tec	tory, offic	•		28f. LOCATIO City or To	N (Street a wn, State)	and Numbe	r or Rural i	Route Number,
COMPLETED	29a. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best o	f my knowledge, de examination and/or i	ath occum	ned at the	time, data	and place	, and dua	to the cause(a) and man	iner aa ata d dua to ti	ited. he cause(i	a) and manner as stated.
H	296. SIGNATURE AND TITLE			M				29c. LICI	. M .	иоен		29d. DAT	E SIGNED	(Month: Day: Year) 1 – 1991
2	30 NOTHE AND AUDITESS O	PERSON WH	COMPLETED CALL	SE OF DEATH (ITES	1.1.1		NN			RE MA	RVI.			
	31. DATE FILED (Month, Day,		P 32. QUESTR.	AN'S DIGNATURE		111	TATA	-11111	1110	TO UN		1110	2 1 2	<u> </u>
	SEP 1 3 19	191	Fedia David	on panded	Gar.									



ó	within	npletely	cremat	vent. 1
314	pecuted	and con	burial,	natic e
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR THE Certificate has been signed by the attending physician and completely	be filed within 72 hours are teach with the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPORTANT: If the 24 is marked or lifem 23 shows any injury, or other traumatic event. I
	THE H	THE FU	filed wi	PORTA
	2	2	2	N

	4. SOCIAL SECURITY NUMBER 25 - 4 - 17 - 17 - 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. leet birthdey) 72 YRS. Index I 10c. CITY	Hammitt F UNDER 1 YEAR F UNDER 24 I	2. DATE OF DEATH	3. TIME OF DEATH								
- 11-	9a. FACILITY NAME (II not institution, give street and not institution.	e. AGE (In yrs. lest birthdey) 72 YRS. Inhor) 10c. CITY	IF UNDER 1 YEAR IF UNDER 24 (Hammitt, Samuel Hammitt									
- 11-	98. FACILITY NAME (If not institution, give street and not institution.	THE LITTLE TOPE COTTY		IRS. 7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Fore Country)								
- 11-	BON, SECOURS HOSP RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. STREET AND NUMBER	itaL 10c. CITY	9b. CITY, TOWN OR LOCATION	6-25-19	c. COUNTY OF DEATH								
- 1	104. STATE 10b. COUNTY 104. STREET AND NUMBER		BAltimor	2	a occurred beauti								
- 1	100. STREET AND NUMBER		TOWN OR LOCATION		10d. INSIDE CITY								
UNERAL	100. STREET AND NUMBER	Bal	timere, r	nd	LIMITS?								
3	SSO ZOTH WHIT.	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT 21218											
II.	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S. ADMED	13. WAS DECENDENT OF H	ISPANIC ORIGIN? (Specify Yes or lexican, Puerto Rican, etc.)	No 14. RACE — American Indien. Black, White, etc.								
B		S, GIVE WAR OR DATES	1 TES 2 NO		specify: Black								
ETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S (Give kind of w	ISUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUSINE	SS/INDUSTRY								
PLE	Elementary/Secondary (0-12) College 5th Grade	(1-4 or 5+)	ction Worker										
COMPL	17. FATHER'S NAME (First, Middle, Last)			'S NAME (First, Middle, Melden Suri	name)								
H -	Chapie Har	mmitt		becca Purel Route Number, City or Town, S	Harvin								
2				/Baltimore, Me									
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Ramoval from 2 Donatton 5 Other (Specify)	State 20b. PLACE OF DISPOS other place)	TION (Name of cometery, cremato	y or 20c. LOCAT	10N — City or Town, State								
111-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Voshell	Memorial Gard		imore, Md. 2120								
	· Mysalta		TIM C MADGE	F.H. 1101 E.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF SEP 4 CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF THE CO	shock	accident stump									
ICAL C	PART II. Other significent conditions contrib	uting to death but not required to	the underlying cause give	on In Part I. 24s, WAS AN AU									

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

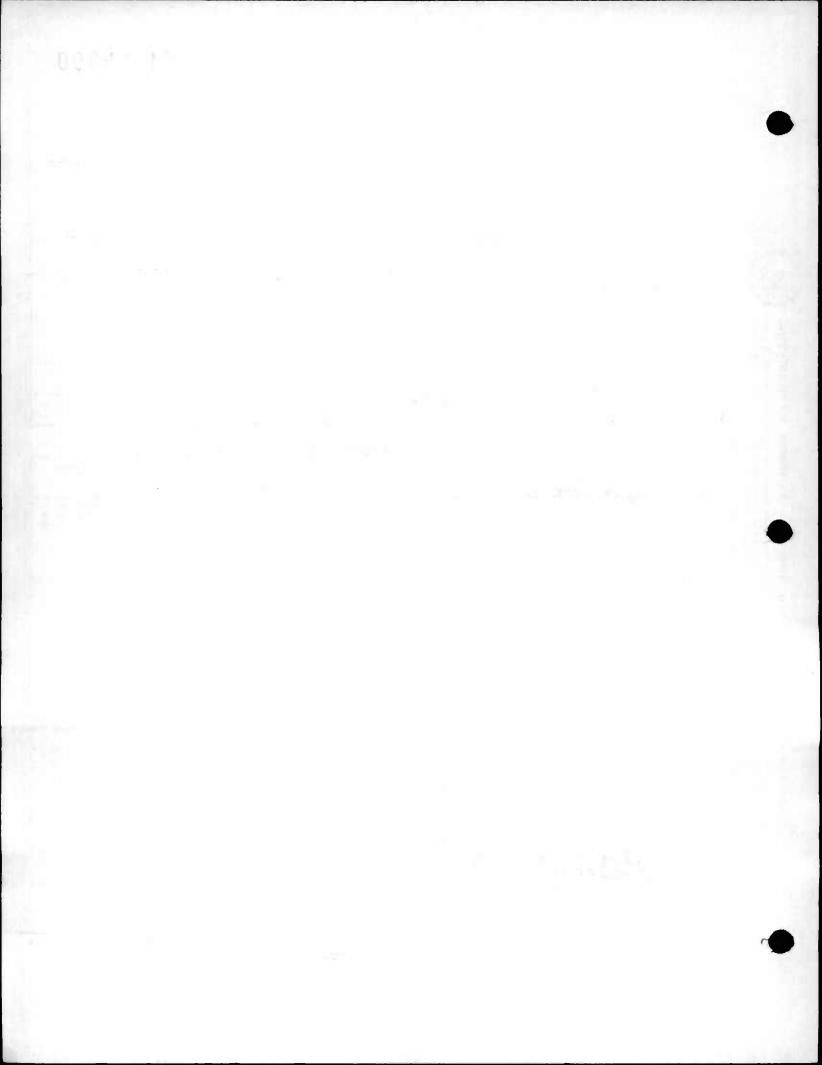
BALTIMORE, MARYLAND 21203-3

Detach		once.
8		10
Should		otified
20		-
Da		P
JILECTOL.		r mus
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detact		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
ille ille	Na.	-
6	ОШа	dica
E .	0	E
	jou,	he
npietery	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
8	rial.	9 3
S S	20	nati
Clan	lor t	ē
SE SE	e pr	er to
g	gien	\$
Bud	J.	6
e att	lemtz	III.
E A	N N	Ξ
9	th a	any
Segr	Heal	\$
660	6	Sho
as o	ept.	23
5	ate	E
22	e St	==
200	4	d.
E E	1 Wil	F
4116	leath	E
H	ter (8
E	rs al	n 2
F	hou	Rec
젊	2	2
3	vithir	ANI
4	M pa	DRI
5	96 m	MP

31. DATE FILED (Month, Day, Year)
SEP 1 3

	ist)						MONTH	DAY	YEAR	3. TIME OF DEAT	н
Cecil Roger		SEPT 7 1991 2:15 A M SEX 8. AGE (In yrs. lest birthday) 75 YRS. SEPT 7 1991 2:15 A M MONTHS DAYS HOURS MIN. TO AGE OF BIRTH MONTH DAYS HOURS MIN. JUNE 7,1916 SECOUNTY OF CEATH PRINCE GEORGE'S SEPT 7 1991 2:15 A M ONTH CAROLINA ONTH CAROLINA S. COUNTY OF CEATH PRINCE GEORGE'S SEPT 7 1991 2:15 A M ONTH CAROLINA ONTH CAROLINA S. COUNTY OF CEATH PRINCE GEORGE'S SOUTH OUT 1 100. CITY, TOWN OR LOCATION DUTN Fries 101. ZIP CODE 22026 102. CITIZEN OF WHAT COUNTRY? 11. YES 2 NO 12. WAS DECEDENT EVER IN U.S. ARMED FYES, GIVE WAR OR DATES A M ONTH CAROLINA 103. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- 11. YES 2 NO 12. Specify: CAUCASIAN 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY OPTOMETRY 15b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) #12 Prince William Court, Dumfries, VA 22026 Ounntic O National Cemetery Triangle, VA									
4. SOCIAL SECURITY NUMBER	8. SEX		. MC				(Month, Day, Year)	Country)		Tropsy Findings LE PRIOR TO TOOR TO FORUSE TO A M March or Forusign A TO INTA TO S 2 (XX) JINTRY? TO TO S 2 (XX) JINTRY? TO TO S 2 (XX) JINTRY? TO TO S 2 (XX) JINTRY? TO TO S 2 (XX) JINTRY? TO TO S 2 (XX) JINTRY? TO TO S 2 (XX) JINTRY? TO TO S 2 (XX) JINTRY? TO TO S 2 (XX) JINTRY? TO TO S 2 (XX) JINTRY FINDINGS LE PRIOR TO TO TO TO TO TO TO TO TO TO TO TO TO
241-01-0328	1 M 2 D F	75	YRS.				June 7,19	16			ina
9a. FACILITY NAME (If not institution, gi MALCOLM GROW U		L CENTER								2:15 A ITHPLACE (State or Foreign Inth) ITH Carolina FORATH GEORGE'S 10d. INSIDE CITY LIMITS? 1 VES 2 XX0 F WHAT COUNTRY? INCE American Indian, ack, White, etc. ack, White, White, etc. ack, White, etc. ack, White, etc. ack, White, etc. ack, White, etc. ack, White, etc. ack, White, etc. ac	
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	INTY		T 10c, CITY, T	OWN OR I	OCATION				1	10d. INSIDE CITY	,
Virginia Prir	nce William		Dumf	ries						LIMITS?	
10s. STREET AND NUMBER			1		101. ZIP COD	E		10g. CIT			20
#12 Prince William	m Court				22026			U.S	.A.		
11. MARITAL STATUS	12. WAS DECEDE	T EVER IN U.S. AF	RMED	13. WAS	DECENDENT	OF HISPAN	C ORIGIN? (Specify	Yes or No	14. RACE -	- American India	ın,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 🗆	YES 2 XNO	Specify	i, Puerto Hican, atc.		Specify.		
15. DECEDENT'S I							100000000000000000000000000000000000000			casian	
(Specify only highest gi	rade completed)	(G	ilve kind of worl	done duri	PATION ng most of work	ing	16b, KIND OF	BUSINESS/INC	DUSTRY		
Elementary/Secondary (0-12) 12	College (1-4 or 5	+)			140		0-4				
17. FATHER'S NAME (First, Middle, Last)		1 00	tometi	ISL A		HED'S NAI					
Unobtainable					10. 100			Ber and a			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AC	DRESS (S	treet and Numbe			_	Code)		
Naomi A. Holt									ANY 1991 2:15 A M a. BIRTHPLACE (State or Foreign Country). NOTTH CAROLINA 9c. COUNTY OF OEATH PRINCE GEORGE'S 10d. INSIDE CITY LIMITS? 1 YES 2 (200) 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 10 OF NO		
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSITI								
1 Donation 5 Other (Specify)	lemoval from State	other pi		ntic	Natio	nol C					
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		- Dus	22. NA	ME AND ADDR	SS OF FAC	Moun	teactle	Eune	rol Hom	
Jane & D	ner			414	3 Dale	Blvd					le
shock, or heert fallu IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. Fluid	overload	•.	enter th	s mods of dy	/Ing, suct	se cardlec or re	espiratory ar	rest,	Interval B	etween
Sequentielly list conditions, if eny, leeding to immediate			I Comment								
cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST				ase		-					
	d									+	
PART II. Other significent condi	tions contributing to	death but not	resulting in	the unde	rlying cause	given in	PEF	FORMED?		AVAILABLE PRIOR COMPLETION OF (TO
							-1			1 YES 2	NO
					28. PLACE OF	DEATH (Ch	ck only one)	-			
25. WAS CASE REFERRED TO MEDICA					Home 5 🗆 F	lasidence	6 Other (Specify)				
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :		_				OW INJURY OC	CURED		- 11
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	HOSPITAL: 11 inpatient 2 28a. DATE 0 (Month,		26b. TIME C			□ NO					
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1X inpetient 2 28a. DATE O (Month, on 28a. PLACE building	F INJURY Day, Year)	26b. TIME C	М	YES 2	□ №	261. LOCATION (Sh	reet and Numbe	r or Rural Ro	oute Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigati 3 Suicide 5 Could not determine 29e. CERTIFIER Check only 1 CERTIFYING PI	HOSPITAL: 1X inpetient 2 28a. DATE 0 (Month, on 28a. PLACE building d	F INJURY Dey, Year) OF INJURY — At h., etc. (Specify) If my knowledge, de	CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH AWY SEPT 7 991 2:15 A 1991 75 YRS. MONTHING DATE HOUND WRITE, 1901 1901 2:15 A 1901 1901 2:15 A 1901 19				teted.				

MD



o nsit permit. Pages 1, 2, 3 should

sou a	etache		nce.
y th	De d		at o
ed b	pin		pa
etain	Sho		otiff
pe n	ge 5		9
тау	r. pa		St
9	recto		Ē
Page	al dir		ner
death.	funer		xam
after	by the	moval	ical (
OURS	l in b	of re	med
200	y fille	tion,	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
nted	COL	rial,	V8 3
бжес	and	ng on	mati
o pe	ician	rior 1	neu
ficat	phys	ne p	her
certi	guip	- Avgie	r oth
eath	aften	rtal F	٧, ٥
the d	y the	d Mer	Injur
that	of po	th an	any
Jires	Sign	Healt	M.S
v requ	been	f. 0f	sho
e 34	has	Dep	1 23
A H	cate	State	Item
ICIA	ertifi	the	ŏ
HAN	this c	with	ked,
NG F	fter 1	eath	таг
ENDI	R: A	p Ja	20
AT	ECTO	rs aft	n 28
- OR	DIR	hou	iten
PITAL	FRAL	n 72	T. H
HOSI	FUNE	withi	IAN
뿓	THE	Fled 1	P0F
2	2	De 1	×

	FOR 1 - STATE REGISTRAR	STATE OF N			RTMENT OF	HEALTH AND	MENTA	L HYGIEN		2	4891
	DECEDENT'S NAME (First, Middle, Lest) NELLITE	C NELLI	E CATHAR HILI	INE			MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.	09	0F BIRTH		91	04;50AM
	273-16-7890	1 M 2 XF	98	YRS.	MONTHS DAYS	HOURS MIN,	(Monti	h, Day: Year)		Country)	
	So. FACILITY NAME (If not institution, give at	reet end number)	70		9b. CITY, TOWN	OR LOCATION OF D		/31/18	93 9c. COUNT	Y OF DE	OHIO
DIRECTOR	GREATER BALTIMOR	RE MEDICA	L CENTE	R		OWSON			A. 1011		MORE
H	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION			-		10d. INSIDE CITY
	MARYLAND	BALTIMORE			TIMON	IIUM					LIMITS?
ERAL	10e. STREET AND NUMBER					H. ZIP COOE			10g. CITIZE	N OF WI	HAT COUNTRY?
E	309 E TIMONIUM	RD				21093				US	A
BYFUN	11. MARITAL STATUS 1 Never Married 2 Merried 2 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARI YES XXXIII AR OR DATES	MED	If yee, s	CENDENT OF HISPA pecify Cuben, Maxic S XXXO Speci	an, Puerto		or No 1	Black.	American Indian, White, atc.
W	15. OECEDENT'S EDUC	CATION	16a 0E	CEGENTS	USUAL OCCUPAT	ION	165	KIND OF BU	CINECO (INDIII	OTEN	MIITE
ETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G/	ve kind of	work done during m se retired.)	ost of working	160	. KIND OF BU	SINESS/INDU	SIHY	
P.	8	College (1-4 or 5 a	•)		Homema	ker			N/A		
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, I	Middle, Maiden			
BE C	Franklin Pierce	Ayers						de Tu			
OB	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	AOORESS (Street	and Number or Rural				ode)	
۲	Martha Wilson Wi	llis	30	9 E	Timoni	um Road	Luthe	rvill	e. Mar	vla:	nd 21093
	20a. METHOD OF DISPOSITION 1 Guriel 2 Disposition 3 Remo	ovel from State	20b. PLACE A	ND DATE	of Disposition (A	lame of	OAT	E 20c. LO	CATION - CI	ty or Tow	rn, State
	21. SIGNATURE OF FUNERAL BEHALF LIC	fuser/V	- Greein	louin			ACILITY	J ba	ILIMOI	e, r	Maryland
	Dennis Steph	n Nena en Xenak	is M	10064	6500	York Ro	Mitch ad Ba	nell-W	iedefe re. Ma	ld I	Home and 21212
	23. PART i. Enter the diseases, or c	omplications the	t caused the de	eth. Do	not enter the m	ode of dying, su	ch aa cere	diac or reep	iretory arres	st,	Approximata
	shock, or heart fellure. I	lst only one ceu	ee on each line.								Intervel Between Onset and Death
l	disesse or condition resulting in death)		INTEST	TNA	L OBSTRU	CTION					
	resulting in death)	DUE TO	(OR AS A CONSEC			011011					1
ERTIFICATION	Sequentially flat conditions, if sny, leading to immediate	OUE TO	(OR AS A CONSEC	OUENCE O	F);						
2	CAUSE (Disease or injury										
ᄩ	that initieted evente resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE C	F):						
빙		1									-
	PART II. Other significent condition	contributing to	deeth but not re	eeuiting	In the underlying	ng cause given in	Part i.	24s. WAS AN			WERE AUTOPSY FINDINGS
MEDICA	ATRIA	L_FIBRIL	LATION					PERFOI			AMILABLE PRIOR TO COMPLETION OF CAUSE
ᇦ										1	OF DEATH?
A	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (C	heck only or	10)			
SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	me 5 🗆 Residence					
РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D	INJURY (ay, Year)	28b. TIR	IE OF 28c. IN	JURY AT ORK?		CRIBE HOW	NJURY OCCU	REO	
B	2 Accident Investigation	200 BLACE O	E IN HIPM AND IN	4.1		YES 2 NO				_	
ETED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY At hose etc. (Specify)	ne, rerm,	atreet, factory, on	20	City	ATION (Street or Town, State)	end Number of	' Runal Ro	oute Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One)										
8	2 MEDICAL EXAMINE	-	ammenton and/or l	riveatigati	on, in my opinion,	gesth occured at the	e time, date	end place, ar	nd due to the	ceuse(s)	end menner es stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	1210	200	28	5/5/	29c. LICENSE NU	MDER.		29d. DATE I	HONEO	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WITH	COMPLETED CHIL	es os peatu	1 TD (7	Bring				-	//	931

Fallon, F. Graham

31. DATE FILED (MONTH, CON. MINT)

SEP 1 3 1991

June Davidson-Rondelle

BALTIMORE, MARYLAND 21215-0920	physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriah and the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
21215-0	I or attending	for use as th	
TAND	by the hospit	be detached	at once.
, MAR	be retained t	ge 5 should	e notified
IMORE	Раде 6 тау	al director, pa	ner must b
BALT	s after death.	by the funer emoval.	dicai exami
	hin 24 noun	tely filled in nation, or r	t, the me
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	executed with	n and comple to burial, crea	ımatic even
.O. BO	certificate be	nding physicia Hygiene prior	r other trau
SDS, F	that the death	d by the atter	ny injury, o
L RECC	aw requires	s been signe ept. of Health	23 shows a
F VITA	SICIAN: The	certificate ha	, or item
SIONO	ENDING PHY	IR: After this ler death with	is marked
DIVIS	TAL OR ATT	RAL DIRECTO	It Item 21
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

rmit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MA			OF HEALTH AND	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last Elmer	Lee	Н	ELMICK	Sr.	Septembe	ř 11,	3. TIME OF DEATH 991 12:3QA
	4. SOCIAL SECURITY NUMBER 235-34-5447 9a. FACILITY NAME (If not institution, give	street and number)	04	YRS. MONTHS 9b, CITY,	TOWN OR LOCATION OF	Sept.21	,1926	
TOR	Franklin Squ	lare Hosp	ital	В	altimore		Balt	imore
DIRECTOR	10a. STATE 10b. COUN	Baltimor	e 10	DC. CITY, TOWN O	riocation Middle Ri	ver		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	345 Dark Hea	ad Road			101. ZIP CODE	21220	10g. CITIZEN	USa
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1. IF YES, GIVE WAT	YES 2 NO	li li	WAS DECENDENT OF HISI yes, specify Cuben, Max YES 2 X NO Spe		es or No 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12) 8 th		(Give k	ENT'S USUAL OC Ind of work done of NOT use retired.)	luring most of working	16b. KIND OF BU	JSINESS/INDUS	TRY
BE CO	17. FATHER'S NAME (First, Middle, Lest) Sam Helmi	ck				NAME (First, Middle, Maide lta Chlo	o Sumame) e Nel	lson
2	190. INFORMANT'S NAME (Type/Print) Joyce Helm	ick				al Route Number, City or Too Dad BAlti		/
	20a, METHOD OF DISPOSITION 1 (X/Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		cemetery, cremato	DATE OF DISPOSI Dry of other place) In Idge C	Emetery S			or Town, State
	21, SIGNATURE OF FUNERAL SERVICE I	Finisa	1 Hon		onnellyFu		e300M <i>I</i>	AceAve.21221
	23. PART I. Enter the disease, or about, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. Acute	aused the death on each line. Whole R AS A COUSEOUE	ardial	the mode of dying, a	4	olratory arreat	t, Approximata interval Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	C	R AS A CONSEQUE					
SAL	PART II. Other aignificant conditions of the con	ona contributing to di	aath but not reau	ilting in the un	derlying cause given		RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:		OTHER	26. PLACE OF DEATH	(Check only one)		
BY PHYSICIAN: MED	1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 E	ER/Outpatient 3 [] (IJURY Year) 26		ing Home 5 Reeldeno 28c, INJURY AT WORK? t YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED
	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF	INJURY — At home, c. (Specify)	farm, street, facto	жy, offica	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED						due to the cause(a) and mi		ause(a) and menner as stated.
TO BE (J. Cutter O	novan, M	.D.		De 7	3 Z	29d. DATE S	IGNED (Month, Day, Year)
	J. CROSSAN O	tonovan,	m.D.	2112	DUNDALK	AVE.	Ballo	, Md. 21222
	31. DATE BILED (MONTH, Day, Year) SEP 1 3 1991	Julia David	s signature	4		/		

057 B 10

Ę	ą,	Ĵ.	٦	ei o	l
BALLIMORE, MAINLAN	3	į		Ē	l
Ĕ,	9	B.	d	Ę.	l
ď.	4	T		Ě	l
-	pe =	e a		# B	l
T L	пау	. pa		٥	l
5	9	ector		Ē	ĺ
Σ	Page	dir.		ner	l
_	ath.	nera		ami.	l
Z A	r de	he fu	ė	ex	L
_	afte	9	SE SE	lical	ſ
	OULS	.⊆ p	5	me	l
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be writing the control of the contro	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 thm of the standard director, page 5 thm of the standard director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to buriar, cremation, or removal.	IMPORTANT: II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified in infer	
ĵ	vithin	oleteh	Сета	aul,	
9	ted v	шоэ	a, c	EV.	ı
õ	noeco	and	000	natic	l
<u>ح</u>	pe	Cian	5	une.	l
מ	cate	Shirt	e bu	er t	l
o,	Sertif	Buil	ygier	등	l
J.	ath	ttend		0,	
ָה ה	he de	the a	Меп	ĮĮ.	
Ž	hat th	4	and	<u>F</u>	l
5	res ti	igne	ealth	18 3	l
Ü	requi	sen s	E TO	show	١
Į	3W	as b	Sept.	23	l
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	The	ate h	tate	lem	
>	CIAN	ertific	The S	0	i
วั	HYS	Nis C	TI A	ted,	l
Z	4G P	ter ti	ath	mari	١
5	Q	R. Al	er de	89	ı
2	ATTE	6	s after	28	l
5	S.	DIR	HOUR	lter	ı
_	TA	RAL	72	=	
	4SO	UNE	VICTURE	AM	l
	H	포	8	PHO	
	101	5	₽ 20	ME	
					1

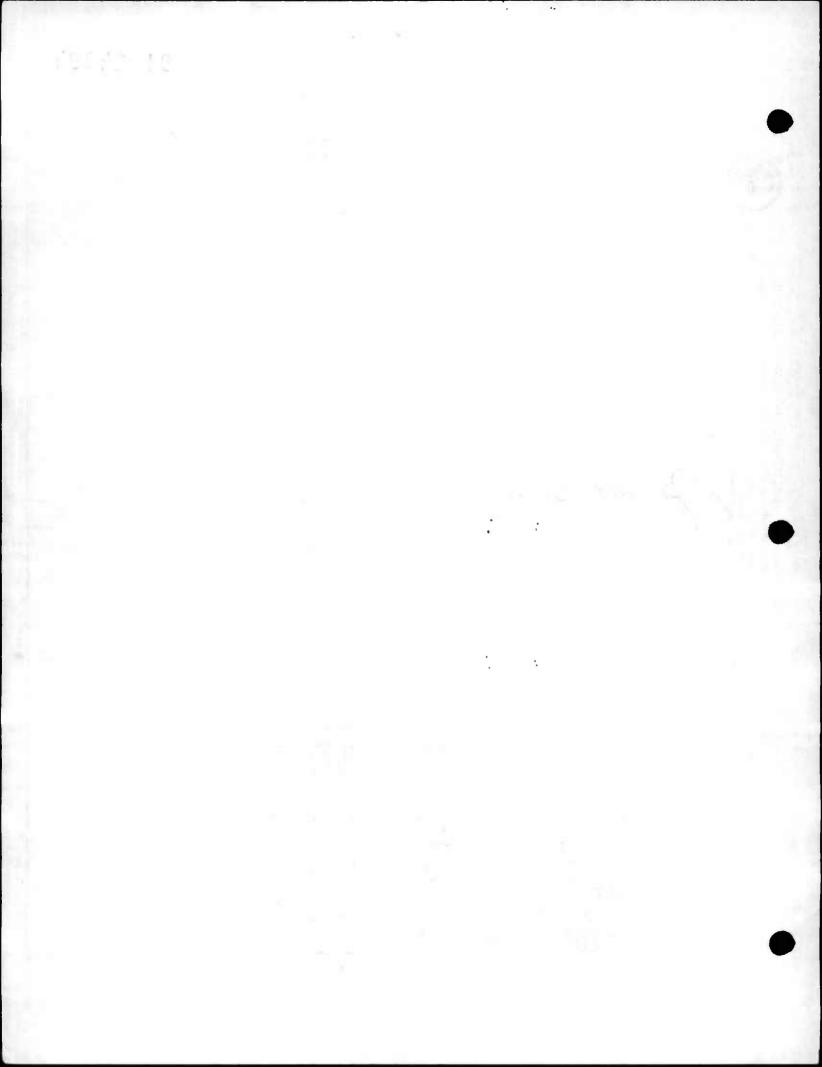
or attending physician. In or attending physician. In use as the burial-transit permit. Pages 1, 2, 3 should

MAPPLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF M								E		
	1. DECEDENT'S NAME (First, Middle, Las	1)							2. DATE OF DEATH	_		3. TIME OF OEATH
	Ezra Lad	d Holbroc	k							W	YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birtnday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			
	216-09-7113	S NAME (First, Middle, Last) Ext a Ladd Holbrook Ext a Ladd Holbrook Ext a Ladd Holbrook Ext a Ladd Holbrook Ext a Ladd Holbrook Ext a Ladd Holbrook 9-12-91 15										
		street and number)			9b. CITY	REG. NO. 2. OATE OF DEATH DAW YEAR 3. TIME OF OEATH YEAR YE						
E I	2412 Golupski Re	d.			Es	sex		REG. NO. 2. DATE OF DEATH DAY 9-12-91 WEAR 9-12-91 Maryland 10				
5	RESIDENCE OF DECEDENT									Dus		
DIRECTOR						OR LOCAT	TION					LIMITS?
	Maryland Bal	cimore Cou	inty	Łs	sex							
RA								E		10g. CITI		
FUNERAL	2412 GOLUPSKI RO		7 F1/F0 (A) 11 0 A M	450	- 10							
	1 Never Married 2 Married	FORCES? 1	YES 2XX			If yes, sp	ecify Cuba	n, Mexica	n, Puarto Rican, etc.)	er No-	Blac	k, White, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 X 200	Specify	c		Spec	
	15. DECEDENT'S EC	DUCATION							16b. KIND OF BUS	SINESS/INC	DUSTRY	MILLOC
ᇤ	Elementary/Secondary (0-12)		life i	Do NOT u	se retired.)	aunng mo	ST OF WORKIN	g				
AP.			Fore	eman	-Und	ergr	ound	Dep	t. Baltimo	re Ga	as &	Electric
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Malden	Sumame)		
BE	Milton K. Holb	rook					Je	anet	tie Bernha	rdt		
0	19e. INFORMANT'S NAME (Type/Print)										Code)	
		lius	24	+12	Golu	pski	Rd.	Ва	ltimore, M	D :	2122	1
		movel from State	comptent crea	notony ny n	ther place							
	4 Donation 5 Other (Specify)	LICENSEE	Lake V	/iew						esvi.	lle,	MD
A A A A Tamina Barana Barana T								Inc.				
	M WILL	y mold /										
	ahock, or heart failure IMMEDIATE CAUSE (Final	r complications that a. List only one cau	t caused the dea se on each line.	ith. Do	not enter	the mo	de of dy	ing, auci	h aa cardiac or reapi	retory arr	reat,	Interval Between
	disease or condition reaulting in death)	a. Re	MAL 7	UENCE O	III	re					e	
z		- Ante	MASC	100	ob	C	Va.	sel	Mar E	150	ac	0
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	BUE TO	(OR AS A CONSEO	UENCE O	F):		1	,			W	
2	cause, Enter UNDERLYING CAUSE (Disease Dr Injury	a Dell	vell	1	100	el	ut	ZK)			
E	that initiated events reaulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE 9	MF):							
H		d					_					
	PART II. Other algnificant conditi	ona contributing to	death but not re	aulting	in the u	nderlyin	g cause (given in			248	
SICAL												COMPLETION OF CAUSE
¥												
2									_			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	ack only one)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	4 Nu		10 5 🗆 Re	eldenca	8 Other (Specily)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIR	AE OF JURY				28d. DESCRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	n			M			NO				M THPLACE (State or Foreign ritry) ryland DEATH Dre County 10d. INSIDE CITY LIMITS? 1 YES 2 XNO WHAT COUNTRY? A CE — American Indian, lock, White, etc. White Electric 21 Town, State , MD , Inc. , MD 21133 Approximate Interval Between Onset and Death Onset and Death ADD COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	3 Suicide 8 Could not b	28e. PLACE O building,	F INJURY — At hone etc. (Specify)	ne, farm,	street, lec	tory, offic			281. LOCATION (Street a City or Town, State)	and Number	r or Rural	Route Number,
	4 Homicide detarmined											
COMPLETED		YSICIAN: To the beat of	my knowledge, des	ith occur	red at the	time, data	and place	, and due	to the cause(a) and mar	mer ee atal	ted.	
O	2 MEDICAL EXAM	NER: On the beals of a	xamination and/or in	rveatigati	on, In my	opinion, d	leath occur	red at the	time, data and place, an	d due to th	he cause(a) and manner as stated,
	29b. SIGNATURE AND JITLE OF CENTIF	IER //	7				29ç. LICI	ENSE NUI	ABER	29d. DAT	E SIGNE	Month, Pay, Year)
O BE	Muyer	mall					Di	181	77		9/	13/91
2	30. NAME AND ADDRESS OF PERSON V	MHO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	Print)	m	1	2/	206		- / /	
	31. DATE FILED (Month, Day, Near)		R'S SIGNATURE		V	1116	. 6	10				
	SEP 1 3 1991	John David	Son-Randel	2								

1. DECEDENT'S NAME (First, Middle, Last) LOUISE HAMILTON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) PRINTING DAY'S HOURS WAND. 9a. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL PENINSULA GENERAL HOSPITAL PENINSULA GENERAL HOSPITAL SALISBURY 10a. STATE 10b. COUNTY Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. CITY PENINSULA 10d. CITY PENINSULA 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. CITY PENINSULA 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. CITY PENINSULA 10d. COUNTY?		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPANIC ecify Cuban, Mexican,		ea or No— 14	I. RACE — Black, W		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Near) N. Carolina 9a. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Balto County Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10d. INSIDE CITY LIMITS? LIMITS? LIMITS? 1 yes 2 10e. STREET AND NUMBER 232 Ashwood Road 11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 yes 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE — American India Black, Whita, stc.	0	15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)	no	ISUAL OCCUPATION	ON	_			white	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. last birthday) 7 TO ATE OF BIRTH (Morth, Day, Mar) 8-1-1918 8. BIRTHPLACE (State or Fore Country) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10	MPL	12	Conege (1-4 or 5+)	Ret	ired	_			le		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. last birthday) 1	6 111	ROBERT CHAPMAN						n Surname)			
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leaf birthday) 73 YRS. 6. AGE (In yrs. leaf birthday) 96. AGE (In yrs. leaf birthday) 97. The OF BIRTH (Modin), Day, Year) 98. FLANCE I PEAN 99. FLANCE I PEAN 90. CATTY, TOWN OR LOCATION OF GEATH PENINSULA GENERAL HOSPITAL 90. CITY, TOWN OR LOCATION OF GEATH PENINSULA GENERAL HOSPITAL 90. CITY, TOWN OR LOCATION OF GEATH 90. CITY, TOWN OR LOCATION MD 90. STREET AND NUMBER 232 Ashwood Road 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION Dundalk 107. ZIP CODE 232 Ashwood Road 11. MARITAL STATUS 11. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 11. YES 2 NO 11. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 11. YES, GIVE WAR OR DATES 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or NO- 13. WAS GECENDENT OF HISPANIC ORIGIN?, (Specify Yea or NO- 14. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only Highest grade completed) 16. DO NOT use refired.) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Mexican Surname) NAN 18. MOTHER'S NAME (First, Middle, Mexican Name) NAN	0 8	19a. INFORMANT'S NAME (Type/Print)									
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrz. last birthday) F. UNDER 21 MRS. 73 YRS. 8. HOURS MIN. 8. BIRTHPLACE (State or For Country) 9a. FACILITY NAME (if not institution, give street and number) 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH PENINSULA GENERAL HOSPITAL 8 SALISBURY 9c. COUNTY OF DEATH WICOMICO 9c. COUNTY OF DEATH WICOMICO 10d. INSIDE CITY 10d. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION DUNDALK 10f. ZIP CODE 232 Ashwood Road 10 STREET AND NUMBER 232 Ashwood Road 11. MARITAL STATUS 10 Never Married 2 Married 21 Laws Decedent Even in U.S. Annee 11. Never Married 2 Married 22 No Specify: 11. Never Married 2 Married 23. Wildowed 4 Otwocred 14. PES 2 NO Specify: 15. DECEDENT'S EDUCATION (Specify only Highest grade completed) 16. DECEDENT'S EDUCATION (Specify Cuban, Merican, Puerto Rican, alc.) 17. FATHER'S NAME (First, Middle, Last) ROBERT CHAPMAN 19b. MAILING ADDRESS (Street and Number or Rural Pocure Number, City or Town, State, Zip Code)				5641	Whitby	Road, Ba	Itimore,	MD 212	206		
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 5. SEX 6. AGE (in yrz. lest birthoday) 73 YRS. 73 YRS. 74 YRS. 8. WORTH CARRY LANGE AND SECURITY 8. BITTHPLACE (Shate or for the control of		resulting in death)			10.	1.5000		_		10.	
4. SOCIAL SECURITY NUMBER 3. SEX 4. ADE (in yrz. last birthday) 5. SEX 5. SEX 5. SEX 6. ADE (in yrz. last birthday) 7. YRS. 10 M 2 DF 7. 73 YRS. 10 M 2 DF 7. 73 YRS. 10 M 2 DF	TIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS at	CONSEQUENCE OF)		GI-OIP.	, —			/ /	
4. SOCIAL SECURITY NUMBER 3. S. SEX 4. AGE (in yr. last birthoday) 5. SEX 5. SEX 5. SEX 6. AGE (in yr. last birthoday) 7. SUMMON IN JUNE 1991 8. MCALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion, give street and number) 9. ACALITY NAME (if not hesitudion) 10. ACALITY NAME	51 .	PART II. Other aignificant condition	dna contributing to death be	ut not resulting in	the underlyin	a cause given in P	ert J. 24s. WAS A	N ALITOPSY	24b. W	RE AUTOPSY E	
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. ADE (in yrs. last birthouly) FIGURE 1 128. 7. ADE (in yrs. last birthouly) FIGURE 1 128. 8. ADE (in yrs. last birthouly) FIGURE 1 128. FIGURE 1 128. FIGURE 1 128. FIGURE 1 128. FIGURE 1 128. FIGU	EDICA	Din betes Obesity	mellins		1		PERF	DRMED?	AM CC OF	AILABLE PRIOR MPLETION OF C DEATH?	
A. SOCIAL SECURITY NUMBER 38-0-75-55 1 M 2 M 7 73 was definedly with the country of the control of the country of the count	212										
4. SOCIAL SECURITY NUMBER 338-30-755 1 m s 28 F							Loope shops				
4. SOCIAL SECURITY NUMBER 3. SEX 1			HOSPITAL:			LACE OF OEATH (Checi	Corny one)				
4. SOCIAL SECURITY NUMBER 3. SEX 4. ADEC (by yes, last survey) 3. SEX 4. ADEC (by yes, last survey) 4. SOCIAL SECURITY NUMBER 3. SEX 3. SEX 4. ADEC (by yes, last survey) 4. SOCIAL SECURITY NUMBER 3. SEX 3. SEX 4. ADEC (by yes, last survey) 5. SEX 5. ROCALITY NUMBER (raw institution, give series and number) 5. SEX 5. ROCALITY NUMBER (raw institution, give series and number) 5. SEX 5. ROCALITY NUMBER (raw institution, give series and number) 5. SEX 5. ROCALITY NUMBER (raw institution, give series and number) 5. SEX 5. ROCALITY NUMBER (raw institution, give series and number) 5. SEX 5. ROCALITY NUMBER (raw institution, give series and number) 5. SEX 5. ROCALITY NUMBER (raw institution, give series and number) 5. SEX 5. ROCALITY NUMBER 5. ROCALITY NUMBER 6. COUNTY OF DEATH WICOMICO 100. STREET NO. SOCIAL SECURITY 100. STREET NO. SOCIAL SEX 100. STREET NO.		EXAMINER?	HOSPITAL:		OTHER:	THE WAY IN THE	- 12 P - 1				
4. SOCIAL SECURITY NUMBER 3. SEX 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. FACILITY NUMBER 5. FACILITY NUMBER 5. FACILITY NUMBER 5. FACILITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECU		EXAMINER?	HOSPITAL:			LACE OF OEATH (Checi	Corny Cirey				
4. SOCIAL SECURITY NUMBER 3. SEX 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. FACILITY NUMBER 5. FACILITY NUMBER 5. FACILITY NUMBER 5. FACILITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECU		EXAMINER? HOSPITAL: OTHER:									
A. SOCIAL SECURITY NUMBER 38-0-7555 1 M 2 8 F 73	2 2						k ontrone)		<u> </u>		
A. SOCIAL SECURITY NUMBER 38-0-75-55 1 M 2 M 2 M 7 73 with and controlled by the control of t		Justing					-		1 '	YES 2	
A SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 1. SEX 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 73 YAS. 1. DAY 20 F 2. DAY 20 F 2		Obesity			==71					1/	
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 3. SEX 5. RACE (6) yrs. last behavior) 7. WHS. 8. RACELITY NAME (700) MALE	DIC.	i) in betes	mellins					1.	CC	MPLETION OF	
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. ADE (in yes, least betwelve) 10			na contributing to death be	ut not resulting in	the underlying	ig cause given in Pr			AW	AILABLE PRIOF	
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 5. SEX 6. AGE (in yr. last birthody) 7. TRESIDENCE OF BITTH 8. BITTHPLACE (then or F. YES. 1		PART ii. Other aignificant condition	na contributing to death be	ut not resulting in	the underlyin	g cause given in Pa					
4. SOCIAL SECUNITY NUMBER 3. SEX 4. SOCIAL SECUNITY NUMBER 3. SEX 5. SEX 6. AGE (in yr. list birthody) 73 YRS. 8. CITY, TOWN OR LOCATION OF CEATH 8. ENTITIPACE (Sine or F. YRS.) 8. ENTITY NUMBER 8. ENTITY NUMBER 9. COUNTY OF DEATH 9. COUNTY OF DEATH WICOMICO 100. STREET AND NUMBER 2. SAL ISBURY 100. STREET AND NUMBER 2. SAL SAL WORTHOUT OF HISPANIC ORIGINAL (Specify Yea or No. 1 Yes 2 1 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 2 No. 1 Yes 2 No. 1 Yes 2 No. 1 Yes 2 No. 2 No. 1 Yes 2 No. 2 No. 1 Yes 2 No.		PART ii. Other aignificant condition	na contributing to death by	ut not resulting in	the underlyin	o cause given in P	ort 1 240 WAS A	N AUTTOPEY	24h Wi	DE AUTOREY	
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 5. SEX 6. AGE (in yr. last birtiday) 7. THE UNION 1 FLAT II UNION 1 AND TO SHITTH 8. BITTIPLACE (Sine or F. YES. OF SHITTH)	ER	Total and an action, and	d							-	
4. SOCIAL SECUNITY NUMBER 3. SEX 1	H		d								
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthody) 7. UNEX 14000 3 and 150	E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)):						
4. SCIAL SECURITY NUMBER 3. SEX 4. SCIAL SECURITY NUMBER 3. SEX 5. SEX 6. ROE (in yrs. Inst Detributy) 7. SONTE OF BITTIN 8. INCERT LYRAM 8. BITTIPLACE (There or Re North House) 8. PACILITY NAME (if not institution, give street and number) 8. PACILITY NAME (if not institution, give street and number) 8. PACILITY NAME (if not institution, give street and number) 9. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE THO. COUNTY 10. STATE THO COUNTY 10. ST	S		c/								
4. SCIAL SECURITY NUMBER 3. SEX 4. SCIAL SECURITY NUMBER 3. SEX 5. SEX 6. ROE (in yrs. Inst Detributy) 7. SONTE OF BITTIN 8. INCERT LYRAM 8. BITTIPLACE (There or Re North House) 8. PACILITY NAME (if not institution, give street and number) 8. PACILITY NAME (if not institution, give street and number) 8. PACILITY NAME (if not institution, give street and number) 9. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE THO. COUNTY 10. STATE THO COUNTY 10. ST	AT	if any, leading to immediate	DUE TO (OH AS A	CONSEQUENCE OF)	. /					/	
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 5. SEX 5. SEX 6. AGE (in yrs. last birtholay) 7. SHE SOCIAL SECURITY NUMBER 3. SECURITY NUMBER 3. SEX 5. SEX 5. SEX 6. AGE (in yrs. last birtholay) 7. SHE SOCIAL SECURITY NUMBER 3. SEX STATE 3. SEX STA	OIL	if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF)	: /	2					
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 5. SEX 5. SEX 6. AGE (in yrs. last birriday) F UNCENT ITAM 8. BIRTHPLACE (then or F 200 MORTHS) 8. BIRTHPLACE (then or F 200 MORTHS) 8. FACILITY NAME (if not institution, give street and number) 8. FACILITY NAME (if not institution, give street and number) 8. FACILITY NAME (if not institution, give street and number) 8. FACILITY NAME (if not institution, give street and number) 8. FACILITY NAME (if not institution, give street and number) 8. FACILITY NAME (if not institution, give street and number) 8. FACILITY NAME (if not institution, give street and number) 8. FACILITY NAME (if not institution, give street and number) 9. COUNTY OF DEATH WICOMICO 10. STREET AND NUMBER 2.1 SAL ISBURY 10. STREET AND NUMBER 2.2 12.22 1. MAS TO SECONDET OF HISPANIC ORIGINY (Speetly Ves or No— 1. MASTIAL STATUS 1. MASTIAL	5				: /						
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lists birthoday) 7. TO ATE O BRITH 10. CATOLING 10. CATOLING 10. CATOLING 10. CATOLING 10. CATOLING 10. CATOLING 10. CATOLING 10. CATOLING 10. CATOLING 10. STREET AND NUMBER 2. SA ShWOOd Road 10. STREET AND NUMBER 2. SA ShWOOd Road 10. STREET AND NUMBER 2. SA ShWOOd Road 10. STREET AND NUMBER 2. SA ShWOOd Road 10. STREET AND NUMBER 2. WAS DECEDENT EVEN IN U.S. ANMED PORCESS 1 YES 2 NO If yes, specify Cuben, Marken, Pursor Rican, stc.) 11. MARITAL STATUS 12. WAS DECEDENT EVEN IN U.S. ANMED PORCESS 1 YES, aver wan on DATES OF PACKETS 13. WAS OBCENDENT OF HISPANIC ORIGINAT (Specify Yes or NO— If yes, specify Cuben, Marken, Pursor Rican, stc.) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of work done during most of working its burd of working its burd of work done during most of working its burd of workin	O				i ory	y room	, —			1	
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 5. DATE OF BITTH 3. SEX 7. DATE OF BITTH 4. SEX 7. DATE OF B	Z	Sequentially list conditions			tery	disen	se			10	
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 5. DATE OF BITTH 3. SEX 7. DATE OF BITTH 4. SEX 7. DATE OF B					ton	Licen	18_			10	
4. SOCIAL SECURITY NUMBER 3. SEX 4. AGE (in yrs. last birthday) 4. SOCIAL SECURITY NUMBER 3. SEX 5. DATE OF BITTH 3. SETTIFFLACE (Sites or R 7. DATE OF BITTH 3. SETTIFFLACE (Sites or R 7. DATE OF BITTH 3. SETTIFFLACE (Sites or R 7. DATE OF BITTH 3. SETTIFFLACE (Sites or R 7. DATE OF BITTH 3. SETTIFFLACE (Sites or R 7. DATE OF BITTH 3. SETTIFFLACE (Sites or R 7. DATE OF BITTH 3. SETTIFFLACE (Sites or R 7. DATE OF BITTH 3. SETTIFFLACE (Sites or R 7. DATE OF BITTH 4. SELICITY TOWN OR LOCATION OF LOCATION OF LOCATION 4. SELICITY TOWN OR LOCATION 4. DECEMBER 1. DOR COUNTY 4. DOR COUNTY 5. STREET AND NUMBER 4. DOR COUNTY 5. STREET AND NUMBER 5. SEX 6. AGE (in yrs. last birthday) 5. CITY, TOWN OR LOCATION OF LOCATION 5. STREET AND NUMBER 6. COUNTY OF DEATH 6. COUNTY 6. CITY, TOWN OR LOCATION 6. STREET AND NUMBER 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 8. SEX 7. DATE OF BITTH 9. SEX COUNTY OF DEATH 9. COUNTY 9. SEX COUNTY 9.			DUE TO (OR AS A	CONSEQUENCE OF)): /	1					
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. AGE (in yrs. last birthday) FUNCEN 1 and SOCIAL SECURITY NUMBER 73 YRS. 80 YRS.			· Myo can	dial	int.	monon				14.	
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. AGE (in yrz. last birthday) 9. FUNCRY 1 alest 10 M 2 M F 73 YRS. 9. COLLITY NUMBER 9. COLLITY NUMBER 9. COLLITY NUMBER 9. COLLITY NUMBER 10. COLLITY 10. STREET AND NUMBER 10. STREET AND NUMER (First, Middes, Lamb, Counter And NUMBER 10. STREET AND NUME			Mussian	1.	1:1	marchan				I / L	
4. SOCIAL SECURITY NUMBER 3. SEX 4. AGE (In yrx. last birthoday) 4. SOCIAL SECURITY NUMBER 3. SEX 4. AGE (In yrx. last birthoday) 5. SEX 5. SEX 6. AGE (In yrx. last birthoday) 7. THE STATE 90. CITY, TOWN OR LOCATION OF GEATH 90. CITY, TOWN OR LOCATION OF GEATH 91. CITY, TOWN OR LOCATION OF GEATH 92. COUNTY OF BEATH 93. CITY, TOWN OR LOCATION OF GEATH 94. COUNTY OF BEATH 95. COUNTY OF BEATH 96. COUNTY 106. STREET AND NUMBER 232 AS hWOOD ROAD 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION OF GEATH 96. CITY, TOWN OR LOCATION OF GEATH 97. CITY, TOWN OR LOCATION OF GEATH 98. CITY, TOWN OR LOCATION OF GEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH 98. COUNTY OF BEATH WICOMICO 106. CITY, TOWN OR LOCATION OF GEATH 98. CITY, TOWN OR LOCATION OF GEATH 98. CITY, TOWN OR LOCATION OF GEATH 98. CITY, TOWN OR LOCATION OF GEATH 98. COUNTY OF BEATH 98. C		ahock, or heart failure.	List only one cause on as	ich line.		c 1				interval B	
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. AGE (In yrs. lest birtholay) 7. VRS. 6. WORT (In yrs. lest birtholay) 9. CITY, TOWN OR LOCATION OF CEATH 9. COUNTY ON N. Carolina 9. COUNTY OF DEATH WICOMICO N. Carolina 9. COUNTY OF DEATH WICOMICO N. Carolina 9. COUNTY OF DEATH WICOMICO 10. STREET AND NUMBER 232 AShwood Road 10. STREET AND NUMBER 232 AShwood Road 11. MARITAL STATUS 10. STREET AND NUMBER 232 AShwood Road 11. MARITAL STATUS 10. CITY, TOWN OR LOCATION Dundalk 11. MARITAL STATUS 11. WAS DECEMBENT EVER IN U.S. ARMED 11. MARITAL STATUS 11. WAS DECEMBENT EVER IN U.S. ARMED 11. WAS DECEMBENT OF INSPECTION OF ORATH 11. WAS DECEMBENT OF INSPECT OF INSPECTION OF ORATH 11. WAS DECEMBENT OF INSPEC	4	23. PART i. Enter the diseases, or	complications that caused	the deeth. Do no	ot enter the mo	ode of dying, auch	aa cardlac or rea	piratory arres	ıt,		
4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 5. AGE (In yrz. last birthody) 5. MORTINE DAY HOURS MAIN. 5. MORTINE DAY HOURS MAIN. 5. AGE (In yrz. last birthody) 6. AGE (In yrz. last birthody) 7. AGE (In yrz. last birthody) 8. AGE (In yrz. last birthody) 8. AGE (In yrz. last birthody) 9. AGE (In yrz. last birthody) 8. AGE (In yrz. last birthody) 9. AGE (In yrz. last birthody) 9. AGE (In yrz. last birthody) 9. AGE (In yrz. last birthody) 9. AGE (In yrz. last birthody) 9. AGE (In yrz. last birthody) 9. AGE (In yrz. last birthody) 9. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yrz. last birthody) 10. AGE (In yr		July /Ill	ALC: U							1207	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. least birthday) 73 YRS. 4. SOCIAL SECURITY NUMBER 3. SEX 1 M 2 F F 73 YRS. 1 M 2 F F F 73 YRS. 1 M 2 F F F F F F F F F F F F F F F F F F	1	market			655	W. Baltimo			_		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. least birthday) 73 YRS. 4. SOCIAL SECURITY NUMBER 3. SEX 1 M 2 F F 73 YRS. 1 M 2 F F F 73 YRS. 1 M 2 F F F F F F F F F F F F F F F F F F		The second of	Ronald Wa		44. NAME A	NO ADDRESS OF PACIL	" State	Anator	my Bo	pard	
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrz. lest birthoday) 73			cevatil	_	22 NAME A	NO ADORESS OF SACS	ITY				
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrz. lest birthoday) 73			of c	emetary, crematory o	or other place)		1				
4. SOCIAL SECURITY NUMBER 6. SEX 73 YRS. 6. AGE (In yrz. last birthoday) FINCER 1 YEAR FUNCER 24 HRS. 73 YRS. 6. AGE (In yrz. last birthoday) FINCER 1 YEAR FUNCER 24 HRS. 73 YRS. 6. AGE (In yrz. last birthoday) FINCER 1 YEAR FUNCER 24 HRS. 73 YRS. 6. AGE (In yrz. last birthoday) FINCER 1 YEAR FUNCER 24 HRS. FORCILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF GEATH FENINSULA GENERAL HOSPITAL FESIDENCE OF DECEDENT 106. STATE 106. COUNTY MD Balto County 106. CITY, TOWN OR LOCATION DUNDALK 106. STATE AND NUMBER 232 Ashwood Road 107. ZIP CODE 212. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 10 Is DECEDENT SUBJAL OCCUPATION (In yes, specify Cuben, Mexicen, Puerto Rican, stc.) 1 YES 2 NO Specify: White 15. DECEDENT'S EDUCATION (Specify only highest grade complished) Elementary/Secondary (0-12) College (1-4 or 5+) 16. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Crist 16. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16. Decedent of Patricia Crist 16. MOTHER'S NAME (First, Middle, Mailden Surmame) NAN		1 🗆 Burial 2 🗆 Cremation 3 🗆 Rem				(Name	OATE 20c. L	OCATION CII	y or Town,	State	
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrz. last birthday) F UNDER 21 MRS. 73 YRS. 8 UNDER 21 MRS. 10 M 2 F 73 YRS. 8 UNDER 21 MRS. 10 MONTHS DAYS HOURS MIN. 8 - 1-1918 9 B. COUNTY OF DEATH 9 COUNTY ON OR LOCATION OF OEATH 9 B. COUNTY OF DEATH WICOMICO PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT 10 B. COUNTY 10 B. CITY, TOWN OR LOCATION 10 B. STREET AND NUMBER 232 Ashwood Road 10 STREET AND NUMBER 232 Ashwood Road 11 MARITAL STATUS 1 Never Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 3 M Widowed 4 Oknorced 1 S. DECEDENT'S EDUCATION (Specify only Highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Retired 10 MOTHER'S NAME (First, Middle, Meiden Sumame) NAN 19 MAILING ADDRESS (Street and Number or Plaral Pours Number, City or Town, State, Zip Code)	8	20a. METHOD OF DISPOSITION	20b.	PLACE AND OATE	OF DISPOSITION					State	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) FUNDER 1 YEAR		Patricia Crist									
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. leat birthday) 73 YRS. 6. AGE (In yrz. leat birthday) 96. AGE (In yrz. leat birthday) 97. The problem of party (Month, Day, Wan) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. COUNTY OF DEATH 99. COUNTY OF DEATH 99. COUNTY OF DEATH WICOMICO 100. STATE 100. STATE 100. STATE 100. COUNTY 101. NSIDE CITY IN MITS? 101. STATE 102. STATE 103. STATE 104. INSIDE CITY IN MITS? 105. CITY, TOWN OR LOCATION DUNDALL 106. CITY, TOWN OR LOCATION DUNDALL 107. STATE 108. STATE 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. STREET AND NUMBER 232 Ashwood Road 11. MARITAL STATUS 11. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OCCENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American India 15. DECEDENT'S EDUCATION (Sive kind of work done during most of working 160. DROTUSE referred.) 180. DROTUSE referred. 180. KINO OF BUSINESS/INDUSTRY White 180. KINO OF BUSINESS/INDUSTRY 180. KINO OF BUSINESS/INDUSTRY 181. MOTHER'S NAME (First, Middle, Meiden Surmarne) NAN	8 0			19b. MAILING	ADDRESS (Street						
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. last birthday) 73 YRS. 6. AGE (In yrz. last birthday) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Balto County 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10g. CITIZEN OF WHAT COUNTRY USA 11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, QIVE WAR OR DATES 10 Specify: White, sic. Specify: White 15b. KINO OF BUSINESS/INDUSTRY White 16b. KINO OF BUSINESS/INDUSTRY White 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16c. DECEDENT SECONDAY OF VICE PROVING INTO COUNTRY OF NOT Into Resident of Working Into Country Into Country 15c. DECEDENT'S BUCCATION 16c. DECEDENT'S USUAL OCCUPATI	111	ROBERT CHAPMAN				NAI	N				
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 73 YRS. 6. AGE (In yrs. last birthday) 9a. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH PENINSULA GENERAL HOSPITAL SALISBURY 9c. COUNTY OF DEATH WICOMICO PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Balto County 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 USA 1 USA 1 NARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Ovorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 10 No Specify: 15. DECEDENT'S EDUCATION (Give kind of working life to grade compileted) 16. DECEDENT'S USUAL OCCUPATION (Give kind of working life to grade compileted) 16. NOT use refired.) 16. DECEDENT'S USUAL OCCUPATION (Give kind of working life to grade compileted) 16. NOT use refired.) 16. CITY, TOWN OR LOCATION 17. NATE of BIRTHPLACE (State or ReCountry) N. Carolina 8. BIRTHPLACE (State or ReCountry) N. Carolina 8. BIRTHPLACE (State or ReCountry) N. Carolina 9a. BOLCETY, TOWN OR LOCATION OF GEATH WICOMICO 10d. INSIDE CITY 10d. INSIDE CI	OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME					
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 73 YRS. 6. AGE (In yrs. last birthday) 9a. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH PENINSULA GENERAL HOSPITAL SALISBURY 9c. COUNTY OF DEATH WICOMICO PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Balto County 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 USA 1 USA 1 NARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Ovorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 10 No Specify: 15. DECEDENT'S EDUCATION (Give kind of working life to grade compileted) 16. DECEDENT'S USUAL OCCUPATION (Give kind of working life to grade compileted) 16. NOT use refired.) 16. DECEDENT'S USUAL OCCUPATION (Give kind of working life to grade compileted) 16. NOT use refired.) 16. CITY, TOWN OR LOCATION 17. NATE of BIRTHPLACE (State or ReCountry) N. Carolina 8. BIRTHPLACE (State or ReCountry) N. Carolina 8. BIRTHPLACE (State or ReCountry) N. Carolina 9a. BOLCETY, TOWN OR LOCATION OF GEATH WICOMICO 10d. INSIDE CITY 10d. INSIDE CI	F			Ret	ired		Hospit	cal Aid	le		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 9a. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION DUNDAL 10c. CITY, TOWN OR LOCATION DUNDAL 10d. INSIDE CITY LIMITS?	H	Elementary/Secondary (0-12)			E.A.A.A.	set of working	25 354				
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1	100	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION done during me	ON pet of working	18b. KINO OF BI	JSINESS/INDUS	TRY		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 73 YRS. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) N. Carolina 9a. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Balto County 10c. CITY, TOWN OR LOCATION Dundalk 10f. ZIP CODE 232 Ashwood Road 11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American India Black, Whita, atc.		,					_			white	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 73 YRS. 6. AGE (In yrs. last birthday) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OBATH PENINSULA GENERAL HOSPITAL PENINSULA GENERAL HOSPITAL SALISBURY 9c. COUNTY OF DEATH PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Balto County Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10d. INSIDE CITY LIMITS? 1 yes 2 10e. STREET AND NUMBER 232 Ashwood Road 10. STREET AND NUMBER 232 Ashwood Road 1222 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-) 14. RACE — American India				TES							
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 73 YRS. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 73 YRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year) N. Carolina 9a. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OBATH PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Dundalk 10d. INSIDE CITY LIMITS? 1 UYES 2	5							on or No-			
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 73 YRS. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 73 YRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year) N. Carolina 9a. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL PRESIDENCE OF DECEMENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION DUNCAL 10c. CITY, TOWN OR LOCATION DUNCAL 10d. INSIDE CITY LIMITS? 1 UYES 2	E	232 Ashwood R	oad			21222			USA		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdsy) 73 YRS. 6. AGE (In yrs. last birthdsy) 73 YRS. 6. AGE (In yrs. last birthdsy) 74 UNDER 14 HRS. 75 DATE OF BIRTH (Month, Day, Vest) 8-1-1918 76 Country) 78 N. Carolina 79. FACILITY NAME (If not institution, give street and number) 78 SEPTEM 5. 4 1991 1520 8. BIRTHPLACE (State or For Country) 8-1-1918 9. Carolina 96. COUNTY OF DEATH	AL AL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZE	N OF WHA	COUNTRY?	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 38-20-7555 1 M 2 F 73 YRS. 6. AGE (In yrs. last birthday) 99. FACILITY NAME (If not institution, give street and number) FUNDER 1 VEAR FUNDER 24 HRS. NONTHS DAYS HOURS MIN. FUNDER 1 VEAR FUNDER 24 HRS. NONTHS DAYS HOURS MIN. 8. BIRTHPLACE (State or For Country) N. Carolina 90. CITY, TOWN OR LOCATION OF OEATH 90. COUNTY OF DEATH	<u>=</u>	MD F	Balto County	1	Dundalk				1 (
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) Nonths Days Hours Min. 1. Date of Birth (Month, Day, Vas.) 1. M 2 0 F 73 YRS. 1. M 2 0 F 73 YRS. 1. M 2 0 F 73 YRS. 1. M 2 0 F 73 YRS. 1. M 2 0 F 73 YRS. 1. M 2 0 F 73 YRS. 1. M 2 0 F 73 YRS. 1. M 2 0 F 73 YRS. 1. M 2 0 F 73 YRS. 1. M 2 0 F 73 YRS. 1. M 2 0 F 0 F 0 F 0 F 0 F 0 F 0 F 0 F 0 F 0	Ä			10c. CITY,	TOWN OR LOCA	TION			100		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) VRS. 6. AGE (In yrs. last birthday) VRS. 6. AGE (In yrs. last birthday) VRS. 6. AGE (In yrs. last birthday) VRS. F UNDER 1 YEAR F UNDER 24 HRS. NONTHS MIN. 7. DATE OF BIRTH (Month, Day, Vast.) 8. BIRTHPLACE (State or For Country) N. Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH	18		AL HOSTITAL		DALIDD	OKI		111100	-		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 73 YRS. 6. AGE (In yrs. last birthday) 8-1-1918 8. BIRTHPLACE (State or For Country) N. Carolina	l c		- Inti-					791 10 2.7111			
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Day Vag) (Month Day Vag) (Month Day Vag)	١.		street and number)		9b. CITY, TOWN (OR LOCATION OF CEAT	н	9c. COUNTY			
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fo		238.20.7555	1 □ M 2 Ø F 73	3 YAS.	NONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-1-1918		Country)		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (Ir	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS, 7	DATE OF BIRTH				
	-		LOUISE H	IAMILTON	Han	. 11. (2.1		THE REAL PROPERTY.	

W. REGISTRAT'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR 1 STATE	STATE OF I	MARYLAND					MENTA	L HYGIEN	E	WE GO I TO D
		REGISTRAR		С	ERTIF	ICATE O	DEA	TH		REG. NO		
		1. DECEDENT'S NAME (First, Middle, Linst) MILDRED	MARIE	JONES					2. DATE MONT	OF DEATH		3. TIME OF DEATH 91 06 & 20
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE	OF BIRTH		BIRTHPLACE (State or Foreign
		213-05-9774	1 M 2 F	83	YRS.	MONTHS DAYS	HOURS	MIN.	-	n, Day, Year) 3–1908		Country) MARYLAND
		9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOW	OR LOCAT	TION OF DE		5 1700		OF DEATH
3	DIRECTOR	HARBOR HOSPITAL (CENTER			BALTIN	IORE	CITY	Y		_3:	
	3	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
18	₹	MD ANNE	E ARUNDEL			LEN BUF	MIT					LIMITS?
		10e. STREET AND NUMBER	3 MKONDEL				of. ZIP COI	DE		-	10g. CITIZE	N OF WHAT COUNTRY?
6		207 KUETHE RD.					210	60			II.	S.A.
	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.A	RMED		CENDENT	OF HISPAN		17 (Specify Yes		. RACE — American Indian.
		1 Never Married 2 Married	IF YES, GIVE V	YES 2 X	NO			en, Mexica Specify		Rican, etc.)		Black, White, etc. Specify:
		3 Widowed 4 Divorced										WHITE
	<u> </u>	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	USUAL OCCUPA	TION nost of work	dng	168	. KIND OF BU	SINESS/INDUS	TRY
i i	ا	Elementary/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT u							
9	COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)	1		TYPIS	Т		C - 11-11			ORE TR	ANS.
at once.	3						1			Middle, Melden	Surname)	
8 2	u n	WILTON F. JONES 198. INFORMANT'S NAME (Type/Print)	5			er Perruna				RRAY		
Notified a	2 ∥	DOROTHY ROBINSON				ADDRESS (Street		er or Runal i	Floute Num	ber, City or Tow	m, State, Zip Co	ode)
90		20a. METHOD OF DISPOSITION				AS # 10				- 1		
must be	1	1 [XBurlet 2] Cremetion 3 Rem	noval from State	cemetery, co	rematory or o				DAT			y or Town, State
	ŀ	21. SIGNATURE OF FUNERAL SERVICE	CENSEN	NEW	CAPHE	DRAL CE		ESS OF FA	CHITY	16 BA	LTIMOR	E, MD
examiner	ĺ	Q1B	1/2/2	1						L HOM	Ξ	
		110	11000			1.5	ECON	D AVE	S. S.	W. GLI	EN BURI	NIE, MD 21061
The medical		23. PART I. Enter the diseases, pr shock, pr heart failure.	Complications the List only one car	et ceused the duse on each lin	deeth. Do i ne.	not enter the r	node of d	ying, suc	h ss csr	dlec or resp	iratory arres	
	Ш	IMMEDIATE CAUSE (Finel	D	0.1		-						Interval Betwee
Ę		disease or condition resulting in death)	· RES	PIRATO	RY	FAIL	PE					
event,		disease or condition resulting in death)	S. RES	PIRATO	EOUENCE O	Faile	RE	D:	2000			Onset and Dea
event,	NO	disease or condition resulting in death) Sequentielly list conditions,	B. RES DUE TO DUE TO	PIRATO OR AS A CONSI	EOUENCE O	Faile Foret, L	IRE	Di	SEAC	6		
event,	AIION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	S. RES	PIRATO OR AS A CONSI	EQUENCE O	Faile fevet, C	UNE	Di	s fac	6		Onset and Dea
event,	IFICATION	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLY'ING CAUSE (Disease or Injury that initiated events	DUE 10	PIRATO OR AS A CONSI	EOUENCE O	f): 	UNG	Di	s fac	G		Onset and Dea
or other traumatic event,	EKIIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE 10	OR AS A CONSI	EOUENCE O	f): 	UNG	Dis	s e pac	6		Onset and Dea
jury, or other traumatic event,	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	c. DUE TO	OR AS A CONSI	EOUENCE O	f): f):					AUTORON	Onset and Des 7 day
ljury, or other traumatic event,	3 11	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	c DUE TO	OR AS A CONSI	EOUENCE O	F):	Ing Chile	alvan in	Part i	24a. WAS AN PERFOI	RMED?	Onset and Des The set of the set
any injury, or other traumatic event,	3 11	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	c DUE TO	OR AS A CONSI	EOUENCE O	F):	Ing Chile	alvan in	Part i	24a. WAS AN	RMED?	Onset and Dea A Lay YEAR S 24b. WERE AUTOPSY FINDING ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
hows any injury, or other traumatic event,	MEDICAL	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO	deeth but not	EOUENCE O	F): In the underly TRART	ing cause INF	alvan in	Part i	24a. WAS AN PERFOI	RMED?	Onset and Des A Lay YEAR S 24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE
23 shows any injury, or other traumatic event,	MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART ii. Other significant condition LEVAL FAIL LONGOSTIVE VEMPMI QUS	DUE TO	OR AS A CONSI	EOUENCE O	F): In the underly TRACT BU STROK	INF	given in	Pert i.	24e. WAS AN PERFOI 1 YES 2	RMED?	Onset and Dea A Lay YEAR S 24b. WERE AUTOPSY FINDING ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23 shows any injury, or other traumatic event,	MEDICAL	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition Figure 1 FALL LONGOSTIVE VEMPMI QUS 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO d. DUE TO d. HERT HOSPITAL:	O deeth but not	EQUENCE O	In the underly TRACT BU STROK 26.	Ing cause INF LLO(E5 PLACE OF	given in	Pert i.	24a. WAS AN PERFOI	RMED?	Onset and Dea A Lay YEAR S 24b. WERE AUTOPSY FINDING ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23 shows any injury, or other traumatic event,	MEDICAL	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART ii. Other significant condition Longory Value 25. WAS CASE REFERRED TO MEDICAL	DUE TO	O (OR AS A CONSI	EQUENCE O	In the underly TRACT BU STROK 26. OTHER: 4 Nursing H	Ing cause INF LLO(E5 PLACE OF	given in	Pert i.	24a. WAS AN PERFOI	RMED?	Onset and Des The second of t
23 shows any injury, or other traumatic event,	PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant c	DUE TO c. DUE TO d	O (OR AS A CONSI	EQUENCE O	In the underly TRACT STIZO K OTHER: 4 Nuraing H AUDITY SEC.	Ing cause INF LLO (E) PLACE OF	given in	Pert i.	24a. WAS AN PERFOI	RMED?	Onset and Des The second of t
marked, or item 23 shows any injury, or other traumatic event,	BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant c	DUE TO d. DUE TO d. PERTO HOSPITAL: 1 % Inpatient 2 280. DATE Of (Month, i.e.)	O (OR AS A CONSIDER OF TRUITED OF	EQUENCE O	In the underly TRACT BU STIZOK OTHER: 4 Nursing H ER OF 28c. JURY M 1	TNF LLOC TNF LLOC TNO TNO TNO TNO TNO TNO TNO T	given in	Pert i.	24e. WAS AN PERFOI 1 YES : or (Specify) SCRIBE HOW	INJURY OCCU	Onset and Des The second of t
28 is marked, or item 23 shows any Injury, or other traumatic event,	ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART ii. Other significant condition PART ii. Other significant c	DUE TO d. DUE TO d. PERTO HOSPITAL: 1 % Inpatient 2 280. DATE Of (Month, i.e.)	deeth but not Q (Na PO LE ()	EQUENCE O	In the underly TRACT BU STIZOK OTHER: 4 Nursing H ER OF 28c. JURY M 1	TNF LLOC TNF LLOC TNO TNO TNO TNO TNO TNO TNO T	given in	Pert i.	24a. WAS AN PERFOI 1 VES :	INJURY OCCU	Onset and Des A Jay YEAR S 24b. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or item 23 shows any Injury, or other traumatic event,	ED BY PHYSICIAN: MEDICAL	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART ii. Other significant condition PART ii. Other significant c	DUE TO d. DUE TO d. A Contributing to A E . HOSPITAL: 1 % Inpetient 2 29e. DATE Of (Month, I.) 28e. PLACE of building	DO (OR AS A CONSIDER OF INJURY — At It, etc. (Specify)	EQUENCE O	F): In the underly TRAC T 26. OTHER: 4 Nurning H E OF 28c. JURY M 1 etreet, fectory, of	FLCO CONTROL OF SOME SOME SOME SOME SOME SOME SOME SOME	De Mo	Pert i.	24e. WAS AN PERFOI 1 YES : or (Specify) SCRIBE HOW CATION (Street or Town, State	end Number or	Onset and Dea T day YEAR S 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or item 23 shows any Injury, or other traumatic event,	ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant c	DUE TO d. DUE TO d. PERTO HOSPITAL: 1 % Inpetient 2 28e. DATE Of (Month, including) 28e. PLACE obuilding	DO (OR AS A CONSIDER OF INJURY — At I., etc. (Specify)	EQUENCE O	F): In the underly FACT STROK OTHER: 4 Nurning H RE OF UIRY M 1 etreet, fectory, of	FLLO CONTROL OF SOME SOME SOME SOME SOME SOME SOME SOME	De Mo DEATH (Ch	Pert i. solution of the cell	24e. WAS AN PERFOI 1 YES : or (Specify) SCRIBE HOW CATION (Street or Town, State)	end Number or	Onset and Dea T day YEARS 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or item 23 shows any Injury, or other traumatic event,	COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant c	DUE TO d. DUE TO d. PERTO HOSPITAL: 1 % Inpatient 2 28e. DATE Of (Month, I) 28e. PLACE of building	DO (OR AS A CONSIDER OF INJURY — At I., etc. (Specify)	EQUENCE O	F): In the underly FACT STROK OTHER: 4 Nurning H RE OF UIRY M 1 etreet, fectory, of	TNF LLOC TS PLACE OF TOME 5 I NJURY AT YORK? YES 2 fice death occ death occ	De Mo DEATH (Ch Reeldence	Pert i. ock only o s Oth 28d. DE 28f. LO(C/ly)	24e. WAS AN PERFOI 1 YES : or (Specify) SCRIBE HOW CATION (Street or Town, State)	end Number or	Onset and Dea T day X ENL S 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RED Rural Route Number, ceuse(e) end menner se stated.
IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant c	DUE TO d. DUE TO d. PERTO HOSPITAL: 1 % Inpatient 2 28e. DATE Of (Month, I) 28e. PLACE of building	De Injury — At P. etc. (Specify)	EQUENCE O	In the underly TRACT STIZOK OTHER: 4 Nursing H EE OF 28c. JURY M 1 etreet, fectory, of	TNF LLOC TS PLACE OF TOME 5 I NJURY AT YORK? YES 2 fice death occ death occ	De Mo DEATH (Ch	Pert i. ock only o s Oth 28d. DE 28f. LO(C/ly)	24e. WAS AN PERFOI 1 YES : or (Specify) SCRIBE HOW CATION (Street or Town, State)	end Number or	Onset and Dea T day YEARS 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,	E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant c	DUE TO d. DUE TO d. DUE TO d. PERTON HOSPITAL: 1 % Inpetient 2 28e. DATE Of (Month, I) 28e. PLACE obuilding BICIAN: To the best of certain the basis of certain the bas	O(OR AS A CONSIDERATION OF THE PROPERTY OF THE	EOUENCE O	In the underly TRACT STROK OTHER: 4 Nursing H AE OF JURY M 1 etreet, fectory, of red at the time, d on, in my opinion	TNF LLOC TS PLACE OF DOME S 1 NURY AT WORK? YES 2 Itice Ite and piec, death occ	given in S D: M DEATH (Ch Recidence	Pert i. , lock only o s Oth 28d. De 2st. LOC City to the ce time, dat	24e. WAS AN PERFOI 1 YES : 1 YES : 1 YES : 2 YES : 2 YES : 2 YES : 3 YES : 4 YES : 4 YES : 4 YES : 5 YES : 6 YES : 6 YES : 7 YES : 8 YES : 9 YES : 1 YES	end Number or	Onset and Dea The Completion of Cause Of Death? 1 YES 2 NO RED Rural Route Number, Couse(e) and menner se stated. SIGNED (Month, Gay, Year)
IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition PART II. Other significant c	DUE TO C. DUE TO d	O(OR AS A CONSIDERATION OF THE PROPERTY OF THE	EQUENCE O	In the underly TRACT STROK OTHER: 4 Nursing H AE OF JURY M 1 etreet, fectory, of red at the time, d on, in my opinion	TNF LLOC TS PLACE OF DOME S 1 NURY AT WORK? YES 2 Itice Ite and piec, death occ	given in S D: M DEATH (Ch Recidence	Pert i. , lock only o s Oth 28d. De 2st. LOC City to the ce time, dat	24e. WAS AN PERFOI 1 YES : 1 YES : 1 YES : 2 YES : 2 YES : 2 YES : 3 YES : 4 YES : 4 YES : 4 YES : 5 YES : 6 YES : 6 YES : 7 YES : 8 YES : 9 YES : 1 YES	end Number or	Onset and Dea T day X ENL S 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RED Rural Route Number, ceuse(e) end menner se stated.

110015 11

2 - 0

5 1 5

TO THE FUNERAL DIRECTOR: After the centricate of the stone by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, we light 23 thews any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING

REGISTRAR 1. DECEDENT'S NAME (First,	Middle, Last)			CERTIF					2. DATE C				3. TIME	OF OEATH
DOROTHY D.	KUCHI	NSKY							Month 9	12		91	10	:10
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER	1 YEAR	IF UNDER 2	MIN.	7. DATE C	F BIRTH Day, Year)		8. BIRTI	HPLACE (State or Foreign
217-05-4		1 M 2 XF	76	YRS.	MONTHS	DAYS	HOUNE	MIN.		08-15				LAND
9a. FACILITY NAME (If not ins	stitution, give at	reet and number)			9b. CITY	, TOWN C	R LOCATIO	N OF DE	ATH		9c. COU	NTY OF I	DEATH	
1338 SARGE		REET			BA	LTI	10RE	CITY	Z					
RESIDENCE OF DEC	10b. COUNTY			100 CI	ry, town	OR LOCAT	TON						I sod IN	SIDE CITY
				loc. Gr									LII	WITS?
IARYLAND 100. STREET AND NUMBER					DALI	IMOI	ZIP CODE				10a CITI	IZEN OF	WHAT CO	ES 2 NO
1338 SARGE	ANTE CE	DEEm											WITAL CO	ONTHIT
1330 SARGE.	ANI SI	12. WAS DECEDEN	T EVER IN II	ADMED	112		21223 ENDENT OF	HICOAN	IIC OBIGIN	(Specify Yea	US		E - Amo	rican Indian,
1 Never Married 2 1 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2		FORCES? 1	YES 2	Z NO		If yes, sp	ecify Cuban 2 X NO	, Mexica	n, Puarto R		0,100	Spec	ok, White, offy:	etc. HITE
15. DECE	EDENT'S EDUC	ATION	164	. DECEDENT'S	B USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	INESS/INE	DUSTRY		
(Specify only Elementary/Secondary (0-	highest grade (College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done use retired.)	uuring mo	at or working	,						
8 TH				PROPR	IETOR	}				BAR &	REST	CAUR	ANT	
17. FATHER'S NAME (First, Mi	ddle, Last)						16. MOTH	ER'S NA	_	iddle, Malden				
SAMUEL	J. C	ORRON					TE	RESS	SA	GLEAS	N			
19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	O ADDRES	\$ (Street a	nd Number	or Rural F	Route Numb	er, City or Town	ı, State, Ziç	Code)		
PAMELA KOZM	A			36	45 GF	RAY	ROCK	DRIV	VE, EL	LICOT	CIT	ry,M	D 21	042
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Remo	oval from State	01 0000	ACE AND DAT etary, cremator V CATH	ni or other	lanal		v		20c. LO				
21. SIGNATURE OF FUNERAL	1	Coles		/	22. H	NAME AN	RD FU	S OF FA	CILITY AL HO	ME IN	c.			
23. PART I. Enter the di	seeses, or c			e death. Do		107	MILLE	NO 1	AVENU	L. DA				21229
		int only one on			not enter	the mo	de of dvir	an suc						
	ert fallure. L	ciat only one car	use on eech	line.	not anta	tha mo	da of dylr	ng, suci					A	pproximata nterval Batw
IMMEDIATE CAUSE (Fin	ert fallure. L ei		use on eech	line.					h se card	ac or respi			A	pproximata
	ert fallure. L ei	MY) (M	line. - 0 / A (h se card	ac or respi			A	pproximata nterval Batw
IMMEDIATE CAUSE (Fin disease or condition	ert fallure. L ei	MY) (M	line.					h se card	ac or respi			A	pproximata nterval Batw
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition	nert falfure. Lei	DUE TO	O (OR AS A CO	Ine.	OF):				h se card	ac or respi			A	pproximata nterval Batw
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition any, leading to immediately	ert falfure. Lei	DUE TO	O (OR AS A CO	line. - 0 / A (OF):				h se card	ac or respi			A	pproximata nterval Batw
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY: CAUSE (Disease or inju	ions, diata	DUE TO	O (OR AS A CO	Ine.	OF):				h se card	ac or respi			A	pproximata nterval Batw
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY!	ei	DUE TO	O (OR AS A CO	Ine.	OF):				h se card	ac or respi			A	pproximata nterval Batw
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition and its condition and its cause. Entar UNDERLY! CAUSE (Disease or injunt intitated events resulting in death) LAS*	el dons, diata NG ry	DUE TO	O (OR AS A CO	INSEQUENCE O	06:	(1)	11-74.11	n Ch	h se card	ac or respi			A	pproximata nterval Batw
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list condition and its condition and its cause. Entar UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS'	el dons, dilata NG ry T condition	DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO	Ine.	OF): OF):	nderlyin	g cause g	n Ch	h se card	ac or respi	AUTOPSY	reat,	o dir	pproximata nterval Batw priset and D
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Entar UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS*	el dons, dilata NG ry T condition	DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO	Ine.	OF): OF):	nderlyin	g cause g	n Ch	h se card	lac or respi	AUTOPSY MED?	reat,	b. WERE A AMAILAI	pproximata nterval Batw price and D Autopsy Findi BLE PRIOR TO ETION OF CAUS
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list conditi if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or Input that initiated events resulting in death) LAS' PART II. Other algnifica	el dons, dilata NG ry T condition	DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO	Ine.	OF): OF):	nderlyin	g cause g	n Ch	h se card	24s. WAS AN	AUTOPSY MED?	reat,	b. WERE A AMALAI COMPLIOF DEA	pproximata nterval Batw price and D Autopsy Findi BLE PRIOR TO ETION OF CAUS
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition and its condition and its condition and its cause. Enter UNDERLY! CAUSE (Disease or Input that initiated events resulting in death) LAS'	el dons, dilata NG ry T condition	DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO	Ine.	OF): OF):	nderlyin	g cause g	n Ch	h se card	24s. WAS AN	AUTOPSY MED?	reat,	b. WERE A AMALAI COMPLIOF DEA	pproximata nterval Batw priset and D priset
IMMEDIATE CAUSE (Fin disease or condition reculting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or Injusted Initiated events reauting in death) LAS' PART II. Other algnification of the condition of t	ons, dilata NG ry T C C C C C C C C C C C C C C C C C C	DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO	Ine.	() () () () () ()	nderlyin	g cause g	tven in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	reat,	b. WERE A AMALAI COMPLIOF DEA	pproximata nterval Batw priset and D priset
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition and its and	ons, dilata NG ry T C C C C C C C C C C C C C C C C C C	DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO	Ine.	OF): OF): OF): OF):	nderlying (A)	g cause g	tven in	Part i.	24s. WAS AN PERFOR	AUTOPSY MED?	reat,	b. WERE A AMALAI COMPLIOF DEA	pproximata nterval Batw priset and D priset
IMMEDIATE CAUSE (Findisease or condition reculting in death) Sequentially list condition reculting in death) Sequentially list condition recults and list condition in meaning list condition in the sequential resulting in death) LAS PART II. Other algoritical sequential resulting in death) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	ons, dilata NG ry T C C C C C C C C C C C C C C C C C C	DUE TO DU	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	Ine.	OF): OF): OF): OF): OF): OF): OF): OF):	nderlyin 26. Pi	g cause g	tven in	Part I.	24s. WAS AN PERFOR	AUTOPSY MED?	24	b. WERE A AMALAI COMPLIOF DEA	pproximata nterval Batw priset and D priset
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other algoritica ON STAC 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	one, dilata NG ry T COMEDICAL Pending	DUE TO DU	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	Ine.	OF): OF): OF): OF): OTHE	26. PI	g cause g	iven in	Part I.	24a. WMS AN PERFOR 1 U YES 2	AUTOPSY MED?	24	b. WERE A AMALAI COMPLIOF DEA	pproximata nterval Batw priset and D priset
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuthat initiated events resulting in death) LAS' PART II. Other algnifica O J S T N 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	ons, dilata NG ry T O MEDICAL	DUE TO DU	O (OR AS A CO O	Ine.	OF): OF): OF): OF): OF): OF): ME OF UNUME OF UNUMY ME OF	26. PI	g cause g	iven in	Part I. eck only one B Other 28d. DES	24s. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW I	AUTOPSY MED?	24	b. WERE A AMAILAI COMPLIA	AUTOPSY FINDI BLE PRIOR TO ETION OF CAUSTITH?
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or Injuthat Initiated events resulting in death) LAS' PART II. Other algnification of the condition of the cause of the	ons, dilata NG ry T C C C C C C C C C C C C C C C C C C	DUE TO DU	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	Ine. Insecuence of the secuen	OF): OF): OF): OF): OF): OF): ME OF UNUME OF UNUMY ME OF	26. PI	g cause g	iven in	Part I. eck only one B Other 28d. DES	24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24	b. WERE A AMAILAI COMPLIA	AUTOPSY FINDI BLE PRIOR TO ETION OF CAUSTITH?
IMMEDIATE CAUSE (Fin disease or condition reculting in death) Sequentially list condition reculting in death) Sequentially list condition reculting in death) Sequentially list condition recurse. Enter UNDERLY! CAUSE (Disease or Injust that initiated events reaulting in death) LAS' PART II. Other algnification of the sequential reculting in death) LAS' 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Netural 5 Suicide 8 Homicide 29a. CERTIFIER 1 CERTIFIER	ons, diata NG ry T C C MEDICAL Pending Investigation Could not be determined	DUE TO DU	O (OR AS A CO O	Ine. Ine.	OF): OF): OF): OTHE 4 NU ME OF JURY M , stree1, fac	28. Pr	g cause g LACE OF DE LACE OF DE LACE OF DE LACE OF DE LACE OF DE LACE OF DE	iven in	Part I. Part I. 28d. DES	24a. WAS AN PERFOR 1 VES 2 (Specify) CRIBE HOW I	AUTOPSY MED? NO NJURY OC	24 CCURED	b. WERE A AMAILAI COMPLIA	AUTOPSY FINDI BLE PRIOR TO ETION OF CAUSTITH?
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in list condition resulting in death) PART II. Other algnification of the sequential resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	ons, diata NG ry T C C C C C C C C C C C C C C C C C C	DUE TO DU	O (OR AS A CO O	Ine. Inserting Inser	OF): OF): OF): OF): OTHE 4 Nu ME OF JURY M, stree1, fac	28. Pri R: rsing Horn 28c. INC 1	g cause g LACE OF DE LACE OF	iven in	Part I. Part I. 28d. DES 28f. LOC/City of	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW I	AUTOPSY MED? NO NJURY OC	24 CCURED or or Rural	b. WERE A AMAILAI COMPLIOP DE 1 YI	AUTOPSY FINDI BLE PRIOR TO ETION OF CAUSTINIO
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuthat initiated events resulting in death) LAS' PART II. Other algnifica 25. WAS CASE REFERRED TO EXAMINER? 1	el el el el el el el el el el el el el e	DUE TO DU	O (OR AS A CO O	Ine. Inserting Inser	OF): OF): OF): OF): OTHE 4 Nu ME OF JURY M, stree1, fac	28. Pri R: rsing Horn 28c. INC 1	g cause g LACE OF DE to 5 Reit IURY AT PRES a and place, feeth occurr	executive in the second of the	Part I. Part I. 28d. DES 28f. LOCA 29f. LOCA 20f. LOCA 20f. LOCA 20f. LOCA 20f. LOCA 20f. LOCA 20f.	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW I	AUTOPSY MED? NO NJURY OC and Number	24 CCURED or or Rural sted.	b. WERE A AMALAI COMPLIOF DEA 1 U YI	AUTOPSY FINDI BLE PRIOR TO ESTION OF CAUSTITY TOTAL TOTA
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in list condition resulting in death) PART II. Other algnification of the sequential resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	el el el el el el el el el el el el el e	DUE TO DU	O (OR AS A CO O	Ine. Insert (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	OF): OF): OF): OF): OTHE 4 Nu ME OF JURY M, stree1, fac	28. Pri R: rsing Horn 28c. INC 1	g cause g LACE OF DE LACE OF	executive in the second of the	Part I. Part I. 28d. DES 28f. LOCA 29f. LOCA 20f. LOCA 20f. LOCA 20f. LOCA 20f. LOCA 20f. LOCA 20f.	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW I	AUTOPSY MED? NO NJURY OC and Number	24 CCURED or or Rural sted.	b. WERE A AMALAI COMPLIOF DEA 1 U YI	AUTOPSY FINDI BLE PRIOR TO ETION OF CAUSTINIO
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuthat initiated events resulting in death) LAS' PART II. Other algnifica 25. WAS CASE REFERRED TO EXAMINER? 1	el el el el el el el el el el el el el e	DUE TO DU	O (OR AS A CO O	Ine. INSEQUENCE OF THE PROPERTY OF THE PROPER	OF): OF): OF): OF): OF): OF): In tha u OTHE 4 Nu ME OF JURY M , street, fac	28. Pri R: rsing Horn 28c. INC 1	g cause g LACE OF DE to 5 Reit IURY AT PRES a and place, feeth occurr	executive in the second of the	Part I. Part I. 28d. DES 28f. LOCA 29f. LOCA 20f. LOCA 20f. LOCA 20f. LOCA 20f. LOCA 20f. LOCA 20f.	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW I	AUTOPSY MED? NO NJURY OC and Number	24 CCURED or or Rural sted.	b. WERE A AMALAI COMPLIOF DEA 1 U YI	AUTOPSY FINDIBLE PRIOR TO ESTION OF CAUSTITH?

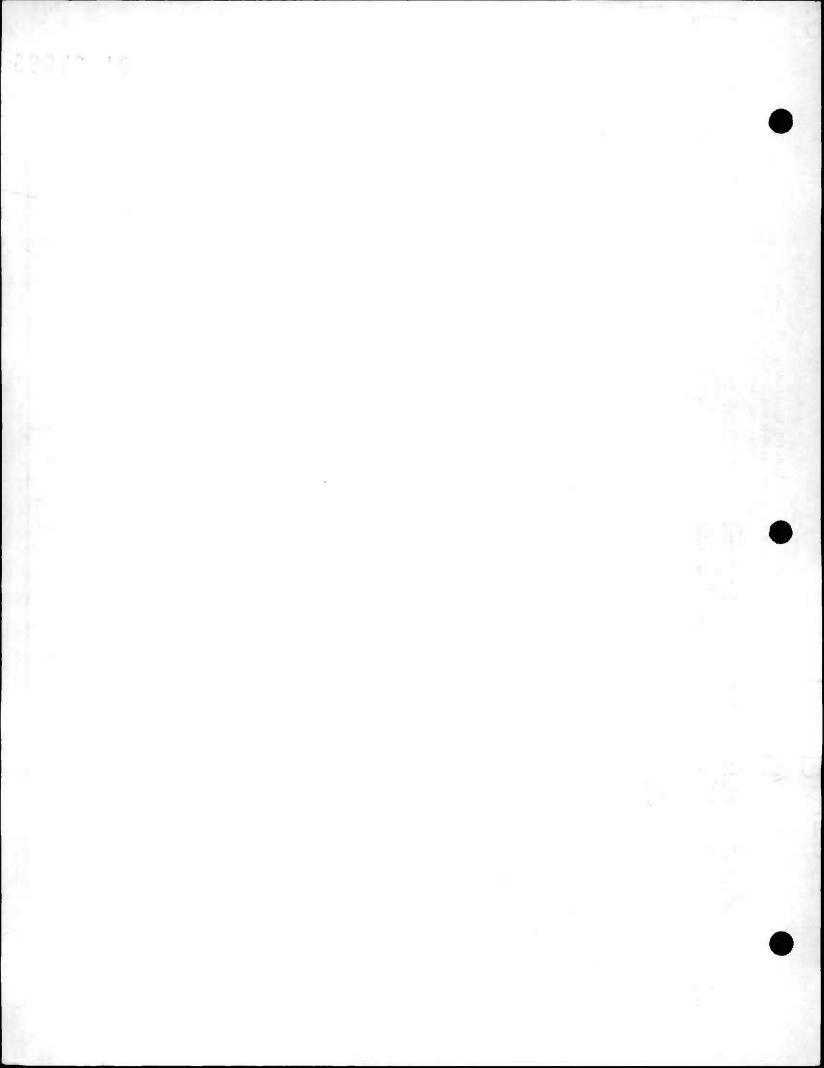
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARC POSNER - 1147 S. HANOVER STREET, BALTIMORE, MD. 21230

31. DATE FILED (Month, Day, 199 P 3

32. REDISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTIOR: After this certificate to filed within 72 hours after death with the Same IMPORTANT: If Item 28 is marked, or Item.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

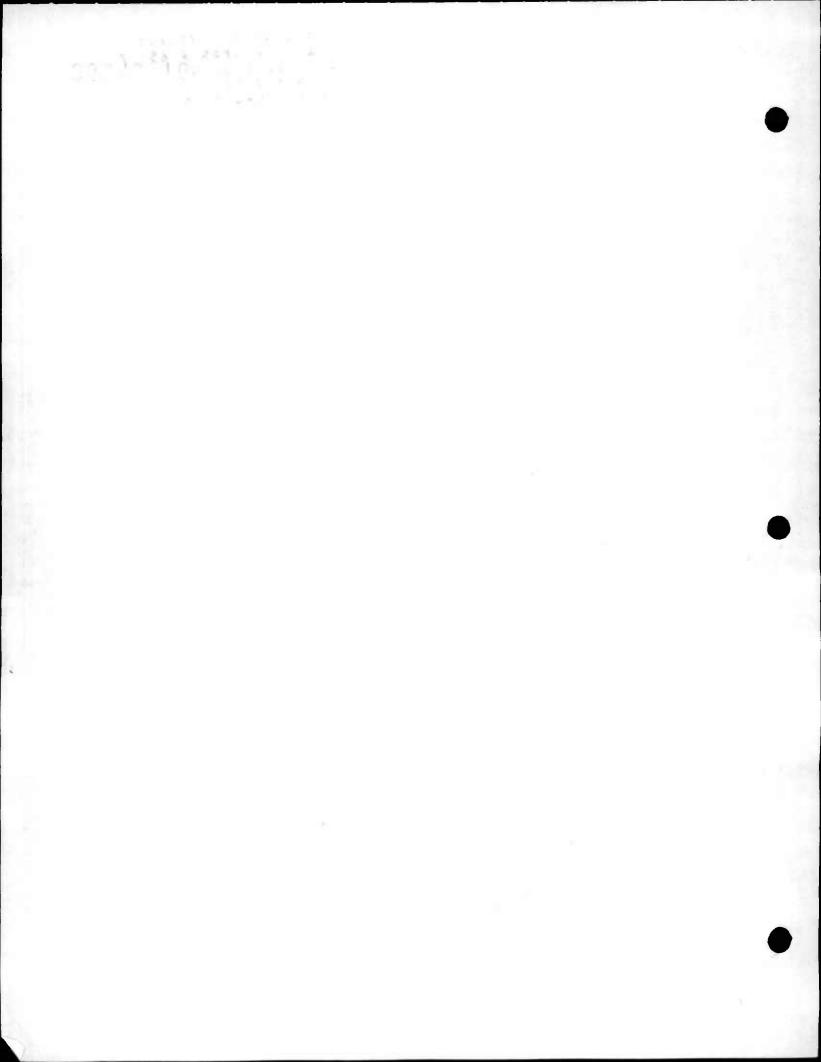
	Il-transit permit. Pages 1, 2, 3 should		
tending physician.	uned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe		
by the nospital or at	the detached for use		at once
ter ueatil. Fage o may be retained by the hospita	director, page 5 should		aumatic event, the medical examiner must be notified at once
II 24 HOURS AREL GEAULT. P.	ed in by the funeral	or removal.	medical examine
באברתובת איוווווו 24	and completely fills	o burial, cremation,	natic event, the
חבמווו רבו חוורמוב חב	attending physician	intal riygiene prior t	ry, or other traur
Die neam Cel	7	COL MARKET THE WA	m 23 chair my injury, or other traumatic
and or	r this certificate has	anne ann	arked, or item 2
2	r this c	III MIII	arked,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM KAISS					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (9 10	91	7210A M
- 8	216-44-3379	1 XX M 2 CT E		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	
	9a. FACILITY NAME (If not institution, give s	86				DEC. 25,1904		YLAND
æ	711 MAIDEN CHOI	200			PR LOCATION OF D	EATH 9c.	COUNTY OF I	in ore
5	RESIDENCE OF DECEDENT			BALTI	MORE		ALLI	more
DIRECTOR	10a. STATE 10b. COUNTY	' IMORE	10c, CITY,	TOWN OR LOCAT	ION		1	10d. INSIDE CITY LIMITS?
	MARYLAND BALT 100. STREET AND NUMBER	IFIORE	В	ALTIMOR			- 8	1 TYES 2 NO
FUNERAL					ZIP CODE	10g.	CITIZEN OF	WHAT COUNTRY?
S	711 MAIDEN CHOIC	E LANE, ROOM 12. WAS DECEDENT EVER IN			1227	NAC ODJENIO (2)	U.S	
	1 Naver Married 2 Married	FORCES? 1 YES	2 V NO	If yes, spe	cify Cuban, Maxica	NIC ORIGIN? (Specify Yea or No in, Puarto Rican, atc.)	Blac	E — American Indian, k, White, alc.
ВУ	3 Wildowed 4 Divorced			I I TES	2 NO Specif	y.	Spec	"" WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S US	SUAL OCCUPATIO	N st of working	16b. KIND OF BUSINESS	/INDUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
ME	17. FATHER'S NAME (First, Middle, Last)	2 YRS	POSTAL	SUPERVI		U.S. POST		E
	FRANK KAISS					ME (First, Middle, Maiden Surnan	10)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b MAILING A	DDDESS /Stmot as		(UNKNOWN) Route Number, City or Town, State		
2	VIRGINIA COLLI	NS				INTHICUM, MD		
	20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Ramo	20b.	PLACE AND DATE OF	OISPOSITION (Nat	me of	DATE 20c. LOCATION		
	4 Donation 5 Other (Specify)	L(PRAINE P	ARK CEM	ETERY	9/12 WOODL	AWN	
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	///	22. NAME AN	D ADDRESS OF FA	L HOME INC.		
	J//K/					VENUE, BALTIN	AORE.	MD 21220
NO	IMMEDIATE CAUSE (Final	B. ARTERIOS C DUE TO (OR AS A	CONSEQUENCE OF:	52.1		AR DISCASE		Approximate Interval Between Onset and Death
CERTIFICATION	If sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
AL	PART II. Other significant conditions	contributing to death bu	t not reaulting in	the underlying	csuse given in	Part I. 24s. WAS AN AUTOP	SY 24b	. WERE AUTOPSY FINDINGS
음						PERFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC								1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
ž I	EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Che			
ž	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY	1lent 3 DOA 4			6 Other (Specify) 28d. DESCRIBE HOW INJURY	00011000	
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WOR	ES 2 NO	280. DESCRIBE NOW INJUNY	OCCURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY - building, etc. (Specif	At home, farm, stre			28f. LOCATION (Street and Num	nber or Rural F	loute Number,
E	4 Homicide detarmined	building, etc. (Specif	y)			City or Town, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	ZIAN: To the best of my knowle	dge, death occurred	nt the time, data a	and place, and dua	to the cause(s) and manner as	stated.	
Š						time, data and place, and due i) and manner as stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	non a lu	13	<	29c. LICENSE NUM	•	9/101	(Month, Day, Year)
۵ ا	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	H (ITEM 27) (Type, Pri	int)		Suite 162	0	
	31. DATE FILED (Month, Day, Year)	A mgont	405 FI	EDERIC	CKHUL	SUITE 162	CATO	NSV.LLE,
	SEP 1 3 1991	Julia Davidson	Randell				2	1228 mc
		~						

BALTIMORE, MARYLAND 21215-0020	IAN: The law mught are the carefuled within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has benefician are minding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. or terminal Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law may be in the part certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has be refigured. The immoring physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. or removal.	IMPORTANT: If Item 28 is marked, or Item 23 show any inches traumatic event, the medical examiner must be notified at once.

	R	1	3	9	8	9	3	0	9		0	B	1	25	19	4				
	K	A	刺	OR.	5		H	1		R	A	N		R	65	W	B.			
P	1		3	ñ	A	14		U		5	U	21	-	Q	1	2	L	8	Q	8
	2	25	m.		16	9	1	19	4%	4	- 10	alle		-	1	-	1	U	1	U

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF I	LEALTH AND	MENTAL HYGIEN	VE.	0 0 0
	1. DECEDENT'S NAME (First, Middle, Last) HERMAN RICHARD	KAHRS				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-20-4192 9a. FACILITY NAME (if not institution, give s	1 M 2 □ F 65	yrs. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		1925 MA	RYLAND
OR	ST. AGNES HOSPIT	CAL		BALTIMO	OR LOCATION OF I	DEATH	9c. COUNTY OF	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE MARYLAND BAI	Y LTIMORE	10e. CITY	BALTIMO				10d, INSIDE CITY LIMITS?
BAL	10e. STREET AND NUMBER			101	t, ZIP CODE		197	1 TYES 2 NO
BY FUNERAL	337 GREENLOW RC 11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES	2 XNO	If yes, sp	21228 CENDENT OF HISPA ecity Cuben, Mexic 2 XNO Spec	ANIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	U . S	E — American Indian, ik, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12TH GRADE	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S L (Give kind of wi life. Do NOT use MERCHA)	ork done during mo retired.)	ON st of working		ISINESS/INDUSTRY ERY WARD	WHITE
BE	17. FATHER'S NAME (First, Middle, Last) HERMAN KAHRS 19a. INFORMANT'S NAME (Type/Print)				OLGA E	IAME (First, Middle, Malden EYRING	Surname)	
2	DORIS H. KAHRS					BALTIMORE,		28
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata cemet	LACE AND DATE OF	er plece)			OCATION — City or T	own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	poset,	DOWRIDG	22. NAME AN HUBBAI	D ADDRESS OF F			WD 21220
	23 PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused to List only one cause on each a	arres	$t \times z$	de of dying, au	ch ea cardlac Dr reap	iratory erreet,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	. Pulmon	any	Eurlian	lim Can	cen_ Ponest x/		
CERI	reaulting in deeth) LAST							
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to deeth but	not resulting in	the underlying	cause given in	1 Part I. 24a. WAS AN PERFOR	RMED?	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)		
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Department 2 ER/Outpati		OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
- 11	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, etc. (Specify,	At home, farm, str	eet, factory, office		281, LOCATION (Street a City or Town, State)	and Number or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINED	CIAN: To the best of my knowled R: On the basis of exemination a	ge, death occurred	at the lime, data in my opinion, de	and place, and durenth occured at the	a to line cause(a) and man	ner as stated,) and manner as stated.
TO BE O	296. SIGNATURE AND TITLE OF CERTIFIER	no sus	Sung	Les T	29c. LICENSE NU	9381	29d, DATE WOMED	(Month, Day, Year)
	30. MAME AND ADDRESS OF PERSON WHO ST Agency 31. DATE FILED (Mobil), Day, Year)	1 900 Ca	ton au				1/	
	9/11/98FP 1 3 1	32. REGISTRAR'S SIGNATI	idson-Rano	leer				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	ir death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trai	he funeral director, page 5 should be detached for use as the burial-tra
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last), 2. DATE OF DEATH 3. TIME OF DEATN 4 20 CM YEAR John W. Kushman 91 0 10 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 6/22/68 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215-86-5348 DAYS HOURS M 2 F 23 YRS Maryland 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 239 S. Calhoun Street 21223 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or Noif yes, specify Cuban, Maxican, Puarto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Specify: white ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) COMPL 12 Laborer 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) John W. Kushman Rose Beard BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rose M. Reely S. Calhoun St., Baltimore, Md. 21223 20s. METNOD OF DISPOSITION

1 Mountail 2 Cremation 3 Removal from State

1 Department 5 Other (Specify)

21. SIGNATURE OF MALERAL SERVICE LICENSTE 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Western Star Cemetery Baltimore, Md. 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home men an 5695 Main St., Elkridge. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory screet, a chock, or heart where the book, or heart where the book, or heart where the book, or heart where the book inc. Approximeta Interval Batwean IMMEDIATE CAUSE (Final Onsat and Death disease or condition Sepsis reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) lein patocell Clercenone CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, If sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 | YES 2 | stiant 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending M BY 1 YES 2 NO investige 2 Accident 3 Suicide

28s. PLACE OF INJURY — At home, farm, streat, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 29s. CERTIFIER CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) MROYY 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE his Davidson Randall DHMH-16 Ray 1/89

COMPLETED

BE

2

4 Homicide

29b. SIGNATURE AND TITLE OF FERM

31. DATE FILED (Month, Day, Year)

. ===

and otherwise the second

but in an inch see the field

TO THE HOSPITAL OF APTINGING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIEN		
2.77	1. DECEOENT'S NAME (First, Middle, Last) CARRIE		м.		LOV		2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	9 11 7. DATE OF BIRTN	1991	TNPLACE (State or Foreign
	213-03-5030	1 □ M 2 🛣 F	81	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-5-19	Cou	Maryland
~	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	North Arundel		Hospi	ta1	Glen	Burnie		Anne A	rundel
DIRE	Maryland Ann	e Arund	el		y, town on Locat adena	ION			10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER					ZIP CODE		10g, CITIZEN OF	1 YES 2 NO
FUNERAL	112 Disney A	venue				2112	2		States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	MED	If yea, spi	ENDENT OF NISPAN city Cuben, Mexicer 2 NO Specify	IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	1 B1a	CE - American Indien, ck, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Gi	CEDENT'S ive kind of v	USUAL OCCUPATION Work done during most retired.)	N it of working	18b, KIND OF BU	SINESS/INDUSTRY	
MP.	12	College (1-4 or 5 +	· _	eams	stress		Depar	tment	Store
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NAM	ME (First, Middle, Meiden		
BE	Herman 19e. INFORMANT'S NAME (Type/Print)			itsc			abeth		andt
5	MRs. Elizabeth	M. MIt					Pasade		21122
	20a. METNOD OF DISPOSITION 1 1 Buriel 2 □ Cremation 3 □ Remo	ATTENDED	20b. PLACE A	NO DATE O	OF DISPOSITION (Na	me of	DATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify)	ENSEE /	Balt	imor	e Natio	nal Cer	m. 9/13/9	l Balti	more, Md.
	> Valence X. On	Puil			Mc Cu 3204	lly Fur Mountai	neral HOmin Road 1	asaden	asadena a,Md.21122
	23. PART I. Enter the diseases, or c shock, or heart fellure.	omplications that Jist only one cau	caused the de se on sech line	ath. Do n	ot anter the mod	ie of dylng, such	ss cardisc or reepi	ratory arrest,	Approximets Interval Bstween
	IMMEDIATE CAUSE (Final				mad Mira	1 - t.			Onset and Daath
ŀ	resulting in dasth)		OR AS A CONSEC			ardiai ii	nfarction		mins/hrs.
NO	orderinent hat conditions,	Hyperte	ensive a	rter	iosclero	tic card	iovascular	disease	8 yrs.
CAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	3	OH AS A CONSEC	DENCE OF	7.				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	UENCE OF):				
11		l							
SAL	PART II. Other algorificant conditions Chronic atrial			esulting i	n the underlying	cause given in F	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	omonie acriai	TIDITITA	1011	-			1 YES 2	No No	COMPLETION OF CAUSE OF GEATH?
PHYSICIAN: MEDI							-		1 TES 2 NO
NA NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (Che	ck only one)		
YSI	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Nome	5 🗆 Residence 8	B C Other (Specify)		
ВУ РН	27. MANNER OF DEATH XX Natural 5 Pending 2 Accident Investigation	28e. OATE OF (Month, Da	INJURY ry, Ybar)	28b. TIME INJI	JRY WOF		28d. DESCRIBE NOW II	NJURY OCCUREO	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, I	FINJURY — At hor atc. (Specify)	ne, farm, s	treet, fectory, office		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED	290. CERTIFIER (Chock only open)	DIAN: To the beat of i	my knowledge, des	th occurre	d at the time, data a	and place, and due t	to the cause(a) end men	ner as stated.	
훘	2 MEDICAL EXAMINER	3: On the basis of ax	amination end/or in	rvestigation	n, in my opinion, de	ath occured at the t	ime, data and place, an	d due to the cause	(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER		1 YOU	Sm	0	29c. LICENSE NUM	BER		D (Month, Day, Year)
2	Michael F. Gar.	any, M.D.	E OF DEATH #*	070 (T		D21703		▶ 9-	11-91
	Michael F. Garahy					oad, Pas	adena, MD	21122	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAE	S SIGNATURE						
	SEP 1 3 1991	Julia Davis	dson-Mana						

Bridge on You

.

<

10 1 10 10 1 1 1000 × 111

3 (4 July 1) 40 miles (4

permit. Pages 1, 2, 3 should

use

FUNERAL DIRECTOR

ВУ

BE COMPLETED

notified at 2

pe

examiner must

medical

FOR

	-
8	event, the
27	
E	=
8	-
O	>
लं	40
ë	0
3	╼
_	2
Ħ	5
5	9
Ē	-
4	See
9	9
ē	-
6	0
£	-
	0
쯛	26
ē	=
≥	=
D	-
S	300
-	6
主	G
8	90
Ĭ	3
*	2
0	89
15	00
9	N
0	-
部	=
23	-
S	-
9	8
\$13	-
£	P
5	- 8
_	ᅚ
헏	2
ě	=
O	89
9	
臣	00
10	-4
hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	Item 28 is marked, or Item 23 shows any injury, or other traumatic e
8	0
£	-

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

IMPORTANT: If

0

REGISTRAR			CI	ERTIF	ICATE	E OF	DE	ATH		REG. NO.			
1. DECEDENT'S NAME (Fig.	t, Middle, Last)									OF DEATH			3. TIME OF DEATH
Robe	rt		Lemieux	:					Sen	tember		1591	2:00 P
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UND	DER 24 HRS.	7. DATE	OF BIRTH		J. BIRTHP	LACE (State or Foreign
087 20 090	05	1 🔀 M 2 🗌 F.	63	YRS.	MONTHS	Dec. 15, 1927 New Y							_
9a. FACILITY NAME (If not is	nstitution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I								ATH
517 N. Fre		Avenue,	#202C		Gaithersburg Montgomery								
10a. STATE	10b. COUNT	Y		10c. C/1	ry, TOWN (OR LOCA	TION					T	10d, INSIDE CITY
Virginia	n	/a			Ric	hmo	nd						LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	1					10	f. ZIP CC	DDE			10g. CITI	ZEN OF WI	HAT COUNTRY?
31	L6 Brig	ghton Dri	ive				23	3235				U.S.	Α.
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divi		FORCES? 1	NT EVER IN U.S. AR I' X YES 2 1 MAR OR DATES C. A.			It yes, sp	ecity Cu		en, Puerto	i? (Specify Yea Rican, atc.)	or No	Black,	- American Indian, White, atc. hite
	CEDENT'S EDU		18a. DE	CEDENT'S	Work done	CCUPATI	ON ost of wo	rkina	t6b	. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (College (1-4 or 5	+) life	. Do NOT u	ise retired.)				dmin	istrat	ion/U	.s. (Gov't.
17. FATHER'S NAME (First, A					•		16. MC	OTHER'S N	AME (First,	Middle, Meiden 1deau			
190. INFORMANT'S NAME (Irene O. Len		(wife)	19		ne as			ber or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	
20a. METHOD OF DISPOSIT		- "	20b. PLACE		SITION (N	ame of ce	metery, c	rematory or		20c. LO	CATION -	City or Tow	rn, Stata
1 Surial 2 ☐ Cremati		oval trom State	St.	Pete	er's	Cem	etei	cv		P1a	ttsbu	rgh.	NY
21. SIGNATURE OF FUNERA		CENSEE	/					RESS OF F	ACILITY	-		-0,	
Da	nid	22	Jane	rs)				nera:	L Serv	ice		
23. PART J. Enter the cashock, or 1		complications the	at ceused the de	eath. Do	not enter						iretory an	reat,	Approximete interval Between
iMMEDIATE CAUSE (Fi	inal												Onset and De
resulting in daeth)	\rightarrow		rdial In										Acute
		DUE TO	OR AS A CONSE	OUENCE C	OF):								
Sequentielly list condi if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or in)	rING		iosclero (OR AS A CONSE			iova	iscu	lar I)isea	se			Indefin:
thet initiated eventa resulting in deeth) LAS		d.	OR AS A CONSE	OUENCE C	OF):								
PART II. Other aignific	ant condition	ns contributing to	death but not	resuiting	in the u	nderlyir	ng caus	e given lı	Part i.	24s. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
													1 ☐ YES 2 ☐ NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

rgh, NY Approximete interval Between Onset and Death Acute Indefinite 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 😿 Residence 6 □ Other (Specify) HOSPITAL: 1 X YES 2 NO 1 | Inpatient | 2 | ER/Outpatient | 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 6 Pending Investigation 1 🔀 Natural 1 YES 2 NO NB 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number City or Town, State) 193 6 Could not be 4 Homicide determined (202°C 11 N'. 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as attated. 2 💢 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D07099 September 6, 1991 16 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Francis Mayle, M.D. 8200 Wisconsin Avenue, Bethesda, Maryland 32. REGISTRAR'S DIGNATURE 1991 Lika Haydson-Anders DHMH-16 Rev 1/89

	permit		
physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	e as the t		
ital or a	d for us		
he hosp	detacher		once.
ed by t	ad pind		led at
be retair	Je 5 sho		e notif
6 may	ctor, pa		must b
th. Page	neral dire		miner
ffer dea	y the fur	oval.	sal exa
nours a	lled in b	1, or ren	medi
within 24	pletely fil	remation	ent, the
ecuted v	mod bui	burial, c	atic ev
rte be ex	ysician a	prior to	traum.
certifica	iding phy	Hygiene	r other
he death	the atter	Mental	njury, o
es that t	Jued by	alth and	any i
w require	been sig	rt. of He	show
The la	cate has	state Dep	item 23
IYSICIAN	is certifie	ith the S	ed, or
DING PH	After th	death w	s mark
R ATTEN	RECTOR	urs after	m 28 i
PITAL OF	FRAL DII	n 72 hou	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOS	HE FUNE	ed within	ORTAN
10	10	be fi	HP

DEVETTEN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MD

July 32 1 5 5 5 19 19 2 3 miles

	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)	Net	tie Vi	rgini	a La	OF ambo			2. DATE	OF DEATH	AY	YEAR	3. TIME OF OEA	H
	NETTIE LA	MBDEN	1						09		6	91	10.45	Ρ,
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mont)	OF BIRTH h, Day, Year)		8. BIRT	TNPLACE (State or Fi	reign
	226-14-1962	1 - M 2 AF	76	YRS.	MONTHS	DAYS	HOURS	MIN.	01	-os-IS Virgin			ginia	
	9a. FACILITY NAME (If not institution, give at	A second			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATN		9c. COUNTY OF DEATN			
OH	SINAI HOSF	'ITAL			B	ALT	rime	RE			na			
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	,		I too CIT	Y TOWN O	OR LOCATION								,
E S				100. 011	1, 101111 0	n LOCAI	ION						10d. INSIDE CITY	
	MD 10e, STREET AND NUMBER					1 404	ZIP CODE				T 40= 01	TITEN OF	1 YES 2 WHAT COUNTRY?	NO
FUNERAL						101.	212				iog. Ci			
Ä	4202 Main Ave.	12 WAS DECEDE	IT EVER IN U.S. AF	PMED.	T 42 N	MAC OFC	-		NIC OBION	N7 (Specity Ye		USA	CE — American Indi	
	1 Never Married 2 Merried	FORCES?	YES 2 💢	NO	H	yes, spe	ecify Cuba	n, Mexice	n, Puerto	Ricen, etc.)	e or No-	Ble	ick, White, etc.	an,
В	3 Widowed 4 Divorced	IF TES, GIVE	MAR OR DATES		1	☐ YES	2 NO	Specify	no no			Spe	white	
ED	15. DECEDENT'S EDUC			ECEDENT'S					-	. KIND OF BU	SINESS/IN	IDUSTRY		
Щ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Diam'r.	Give kind of a b. Do NOT us	work done d se retired.)	luring mo	st of workin	g						
P	10 years													
COMPLET	17. FATNER'S NAME (First, Middle, Last)						18. MOTE	IER'S NA	ME (First,	Middle, Maider	Sumame)			
BE C	Robert Holmes Y	eakle						Cor	ra V	irgini	a	Ewin	ng	
	19e. INFORMANT'S NAME (Type/Print)	nno C I	monn 19	b. MAILING	AOORESS	(Street a	nd Number		_	ber, City or Tox			<u> </u>	
5	190. INFORMANT'S NAME (Type/Print) DO	M. D.	.Dana mebb	10	S. F	nc1i	rA bi	re.	Wind	cheste	r. V	A 2	22601	
	20e. METNOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSI					E 20c. L0				
	1 Buriet 2 Cremation 3 Reme 4 Donation 3 Other (Specify)	oval from State	cemetery, cre	ematory or o	ther place)									
	21. DIGNATURE OF SUNERAL SERVICE LIC			D.	22. 1	NAME AN	ID AOORES	SS OF FA	CILITY	Q1 1	Δ			
	Dans/Mel/	Rona		. Dii										
-/	10000000		Ronald Wade, Dir				D - 1						Board	
	OR DARKE FOR ALL MAN	m/WG/ Walle 9/10/91655								St., B	alto	., N	D 21201	
	23. PART I. Enter the diseesea, or of ahock, or heert failure.	complications the	et coused the de	9/10/	9165					St., B	alto	., N		ete
	ahock, or heert fallure.	Liet only one cer	et ceused the de use on each line	9/10, eath. Do s	/9 1 65 not enter	the mo	de of dyl	ng, auc	h aa cen	St., B	alto	., N	D 21201	ete atwea
	ahock, or heert fallure.	Liet only one cer	et ceused the de use on each line	9/10, eath. Do s	/9165 not enter	the mo	de of dyl	ng, auc	h aa cen	St., B	alto	., N	D 21201 Approxim	ete atwea
	ahock, or heert fallure.	complications the Liet only one certain a. Due to	et ceused the de use on each line	9/10, eath. Do s	/9165 not enter	the mo	de of dyl	ng, auc	h aa cen	St., B	alto	., N	D 21201 Approxim	ete atwea
NO	immediate Cause (Finel disease or condition resulting in death)	a. Mo	ot coused the deute on each line	9/10/ eath. Do re.	19165 not enter	the mo	de of dyl	ng, auc	h aa cen	St., B	alto	., N	D 21201 Approxim	ete atwea
ATION	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate	a. Mo	et ceused the de use on each line	9/10/ eath. Do re.	19165 not enter	the mo	de of dyl	ng, auc	h aa cen	St., B	alto	., N	D 21201 Approxim	ete atwea
ICATION	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	of coused the duae on each line OR AS A CONSE	9/10/ eath. Do re.	/9165 not enter	the mo	de of dyl	ng, auc	h aa cen	St., B	alto	., N	D 21201 Approxim	ete atweat
TIFICATION	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	ot coused the deute on each line	9/10/ eath. Do re.	/9165 not enter	the mo	de of dyl	ng, auc	h aa cen	St., B	alto	., N	D 21201 Approxim	ete atweat
CERTIFICATION	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO	of coused the duae on each line OR AS A CONSE	9/10/ eath. Do re.	/9165 not enter	the mo	de of dyl	ng, auc	h aa cen	St., B	alto	., N	D 21201 Approxim	ete atweat
AL CERTIFICATION	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO DUE TO DUE TO	OR AS A CONSE	9/10/ eath. Do i	/9165 not enter	the mo	de of dyl	ng, auc	h as cen	St., Eddec or reep	Salto	· , M	Approximintervel E Onset an	ete atwead d Deat
-	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO	OR AS A CONSE	9/10/ eath. Do i	/9165 not enter	the mo	de of dyl	ng, auc	h as cen	St., Eddec or reep	NAUTOPS:	· , M	Approximintervel E Onest an On	ete atweat d Daati
EDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition	B. DUE TO	OR AS A CONSE	9/10/ eath. Do i	/9165 not enter	the mo	de of dyl	ng, auc	h as cen	St., Eddec or reep	NAUTOPS:	· , M	Approximintarvel E Onest an On	ete atweat d Daati d Daati noings TO CAUSE
MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition	B. DUE TO	OR AS A CONSE	9/10/ eath. Do i	/9165 not enter	the mo	de of dyl	ng, auc	h as cen	St., Eddec or reep	NAUTOPS:	· , M	Approximintervel E Onest an On	ete atweard d Daati d Daati noings TO CAUSE
MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition	B. DUE TO	OR AS A CONSE	9/10/ eath. Do i	/9165 not enter	dertying	de of dyl	ng, auc	Part I.	24a. WAS AI PERFO	NAUTOPS:	· , M	Approximintarvel E Onest an On	ete atweard d Daati d Daati noings TO CAUSE
MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition HYPERTEW 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DUE TO DUE TO C. DUE TO DU	of coused the duae on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	9/10/ eath. Do e. OUENCE O	/9 65 not enter IN F): In the uni OTHER	the mo	de of dyl	given in	Part I.	24a. WAS AI PERFO	NAUTOPS:	· , M	Approximintarvel E Onest an On	ete atweard d Daati d Daati noings TO CAUSE
MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition HYPERTEW 25. WAS CASE REFERRED TO MEDICAL	DUE TO DUE TO DUE TO C. DUE TO DU	of coused the deuse on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	9/10/ eath. Do e. OUENCE O	other	derlying	de of dyl	ng, auc	Part I.	24a. WAS AI PERFO	NAUTOPS:	y 2	AD 21201 Approximintarvel E Oneat an	ete atweat d Daati d Daati noings TO CAUSE
PHYSICIAN: MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition HYPERTEW 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d	of coused the deuse on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	9/10/ eath. Do see. OLAL SOURNEE OF SOURNE	other	derlying 28. PL 3: Ing Nom 28c. INJ	g ceuse (given in	Part I.	24a. WAS AI PERFO	NAUTOPS:	y 2	AD 21201 Approximintarvel E Oneat an	ete atweard d Daati d Daati noings TO CAUSE
BY PHYSICIAN: MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other aignificent condition HYPERTEW 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	B. DUE TO b. DUE TO d. DUE	of coused the duae on each line (OR AS A CONSE (OR AS A CONS	9/10/ eath. Do e course of the course of th	OTHER 4 ON NURSE OF JURY M	derlying 28. PL 3: Ing Nom 28c. INJ 28c. INJ	g ceuse (given in	Part I.	24a. WAS AI PERFO	NAUTOPS: RMED? 2 NO	y 24	AD 21201 Approximintarvel & Oneat an One	ete atweard d Daati d Daati noings TO CAUSE
ED BY PHYSICIAN: MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition HYPERTEW 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	B. DUE TO b. DUE TO d. DUE	of coused the deuse on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	9/10/ eath. Do e course of the course of th	OTHER 4 ON NURSE OF JURY M	derlying 28. PL 3: Ing Nom 28c. INJ 28c. INJ	g ceuse (given in	Part I.	24a. WAS AI PERFO	N AUTOPS: RMED? 2 NO	y 24	AD 21201 Approximintarvel E Oneat an	ete atwead d Daat inoings TO CAUSE
ED BY PHYSICIAN: MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition HYPERTEW 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO DUE TO	of coused the deuse on each line (OR AS A CONSE (OR AS A CON	9/10/ eath. Do e. OUENCE O OUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O	or HER 4 Number of Flurry M	derlying 28. Pt. 8: sling Nom 28c. INJ ory, offici	g ceuse (given in	Part I. Beck only o. 8 Other 28f. Loc City	24a. WAS AI PERFO 1 VES TO YES CATION (Street or Yown, State	N AUTOPS: RMED? 2 NO	Y 24	AD 21201 Approximintarvel & Oneat an One	ete atwead d Daat inoings TO CAUSE
ED BY PHYSICIAN: MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition HYPERTEW 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYINO PHYSICAL COURSE (Check only)	DUE TO DUE TO	of coused the deuse on each line (OR AS A CONSE (OR AS A CON	9/10/ eath. Do e. OUENCE O OUENCE O OUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O	or HER 4 Nurse Head at the tile	derlying 28. Pt. 8: sling Nom 28c. INJ ory, offici	g ceuse (given in EATN (Ch	Part I. Pack only o. 8 Oth 28d. DE	24a. WAS AI PERFO 1 VES TO YES CATION (Street or Yown, State use(e) and me	N AUTOPS: RMED? 2 NO INJURY O	Y 2/	AD 21201 Approximintarive E Oneat an On	ete atwea d Deat d Deat inoings TO CAUSE
BY PHYSICIAN: MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitated events resulting in death) LAST PART II. Other algnificent condition HYPERTEW 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DUE TO DUE	of coused the deuse on each line (OR AS A CONSE (OR AS A CON	9/10/ eath. Do e. OUENCE O OUENCE O OUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O	or HER 4 Nurse Head at the tile	derlying 28. Pt. 8: sling Nom 28c. INJ ory, offici	g ceuse (given in EATN (Ch	Part I. Pack only o. 8 Oth 28d. DE	24a. WAS AI PERFO 1 VES TO YES CATION (Street or Yown, State use(e) and me	N AUTOPS: RMED? 2 NO INJURY O	Y 2/	AD 21201 Approximintarive E Oneat an On	ete atwea d Deat d Deat inoings TO CAUSE
ED BY PHYSICIAN: MEDICAL	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition HYPERTEW 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYINO PHYSICAL COURSE (Check only)	B. DUE TO DUE	of coused the deuse on each line (OR AS A CONSE (OR AS A CON	9/10/ eath. Do e. OUENCE O OUENCE O OUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O	or HER 4 Nurse Head at the tile	derlying 28. Pt. 8: sling Nom 28c. INJ ory, offici	G ceuse (ACE OF D WAY AT WES 2 a end place esth occur 29c. LICI	pliven in paldence of at the end at the ense NUI	Part I. Part I. Seck only o S Othe 28d. DE 28f. Loc City to the ca time, date	24a. WAS AI PERFO 1 VES TO YES CATION (Street or Yown, State use(e) and me	NAUTOPS: RMED? 2 INJURY O end Numb ind due to	CCURED oer or Rura	AD 21201 Approximintarive E Oneat an On	ete atwea d Deat d Deat inoings TO CAUSE

760, BALTIMORE, MARYLAND 21215-0020	to within the Burs after death. Page 6 may be retained by the hospital or attending physicial sympletely filled in by the funeral director, page 5 should be detached for use as the burlat-in commercial commercial.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 for safer death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit he filled within 72 hours after death with the State Bent of Hostill and Mental Moderal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1 - STATE REGISTRAR	SIATE OF I	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, I		NMI)	L	1eZ	YLE			MONT	of DEATH D	AY 10	YEAR 1 O C	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH	1 10	a. BIRTH	IPLACE (State or Foreign
- 8	215-18-3565	1 📉 M 2 🗌 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	4-	3-1923	3	Countr	m aryland
Œ	9a. FACILITY NAME (If not institution, Maryland Gene		- 21	9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City							9c. COU	INTY OF D	EATH
CTO	RESIDENCE OF DECEDEN		.aı			De	11 5 1 11	ore	Clty	У			
IRE	10a. STATE 10b. CO	UNTY			Y, TOWN						10d. INSIDE CITY LIMITS?		
10	MD 10e. STREET AND NUMBER			B	alti		. ZIP CODE				10 CIT	TERM OF M	1 YES 2 NO
ER/	3504 Greenspr	ing Ave.				1.01		011				USA	VHAI COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2 X			Il yes, spe	ENDENT O	F HISPAN	n, Puerto	N? (Specify Yea Rican, atc.)	or No-	14. RACE Black Speci	American Indian, k, White, etc.
	15. DECEDENT'S	EDUCATION	16a. Dt	ECEDENT'S	USUAL O	CCUPATIO	ON .		160	. KIND OF BUS	EIMEGG/IMI	DIJETRY	DIACK
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	(rade completed) College (1-4 or 5	(0	live kind of Do NOT u	work done se retired.)	during mo	st of working	g		. KIND OF BU	SINE SS/IN	DUSTRY	
MP	11 years			Re	tire	d			M	lerchar	nt Se	aman	
	17. FATHER'S NAME (First, Middle, Las.)								Middle, Maiden	Surname)		
BE	Edward Lyle 19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street e				ders	- Ca-a- 7/	- 0-4-1	
٥	Shelley Johnso	n Daughte:								Baltin			21211
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3		20b. PLACE	ANDDATE	OF DISPOS	ITION /Na		D 111	DAT		_	City or To	
	4 X Donation 5 Other (Specify)		camatary, cre	ematory or o									
	21. MARIA OF THREAD SERVICE	1 Rona	ld Wade,	Dir			ID AOORES			State	. Ana	tomv	Board
1	fanary)	/was	L	/10/	91 6	55 W	. Ba.	ltim	ore	St. P	Relto	M	D 21001
	23 PART I. Enter the diseases, ahock, or heart fells IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pancres	atic car	cino	ma w:								Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSE										
SERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	(OR AS A CONSE	OUENCE O	F):				•				
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other algnificant cond	tions contributing to	death but not r	reaulting	n the un	derlying	cause g	lven in F	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2									_				1 TES 2 NO
Ă.	25. WAS CASE REFERRED TO MEDICA					28. PL	ACE OF OE	ATH (Che	ck only or	ne)			
Sic	EXAMINER? 1 □ YES 2XXNO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	R:	5 🗆 Res						
F	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF (Month, D		28b. TIM INJ		28c, tNJt WOI	JRY AT			CRIBE HOW I	NJURY OC	CURED	
B	2 Accident Investigat		E MINISTER AND		М		ES 2	NO					
	3 Suicide 6 Could not 4 Homicide detarmine		F INJURY — At ho etc. (Specify)	me, rem, s	street, Tacti	ory, offica			281. LOC C/ty	ATION (Street a or Town, State)	ind Number	or Rural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAL	ITSICIAN: To the best of a	my knowledge, de	ath occurre	nd at the ti	me, data :	and place,	and due t	to the cau	se(a) and men	ner se etel	led.	and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERT						29c. LICE	NSE NUME	8ER				(Month, Day, Year)
2	Freis W	•						n/a			Þ 9	110	191
	30. NAME AND ABORESS OF PERSON Walid Frei	j, M.D.	SE OF DEATH (ITE			Mary	land	Gen	eral	. Hospi	ta1	-	
	31. DATE FILS LP. 4. 3.19	1 Julia 1	A SISIGNATURA	deed	· Per								

DHMH-16 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs after death. Page 6 may be retained by the hos	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	loval.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	SULC CA	filled in b	non, or ren	the medi	
	uted within	completely	nai, crema	c event,	
	ate be exect	nysician and	prior to bu	r traumati	
	eath certific	ittending pl	Tal Hygiene	, or othe	
•	that the de	ed by the	n and Men	any Injur	
	aw requires	s been sign	рт. от неап	3 shows	
	CIAN: The I	ertificate ha	ne state De	or item 2	
	ING PHYSIC	After this ce	leath with t	marked,	
	OR ATTEND	HRECTOR: /	ours after o	em 28 is	
	TO THE HOSPITAL C	TO THE FUNERAL D	be filed within 72 hours after death with the State Dept. Of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If It	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	nedia inan		· · · · · · · · · · · · · · · · · · ·		IVAIL	01			714	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DAY	YE	3. TIME OF DEATH	
	THOMAS ALOYS	7	MOON						9	9	9	10105	M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER 1	YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BI (Month Day,	Year) /	8.	BIRTHPLACE (State or Foreign Country)	
	391-32-9618	1 M 2 □ F	55	YAS.					1/2			ISCONSIN	
_	9e. FACILITY NAME (If not institution, give s	STATE OF THE STATE	~							c. COUNTY	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	w 7-	err	•	191	EN		DL	Irvi	e		14-	
EG	10e. STATE 10b. COUNT	r		10c. CIT	Y, TOWN OF	LOCAT	ION					10d. INSIDE CITY	
E	MD ANNE	ARUNDEL		GI.	EN BU	RNT	F.			LIMITS? 1 YES 2 XNO			
	10e. STREET AND NUMBER	INCHEDEL		1 02	Dr. Do	_	ZIP CODI			10	g. CITIZEN	OF WHAT COUNTRY?	\neg
FUNERAL	110 Alview Terra	ce					2106	0			U.S.	Α.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	AS DECI	ENDENT C	F HISPAN	IC ORIGIN? (Sp	ecify Yee or I		RACE — American Indian, Black, White, atc.	\neg
BY F	t Never Merried 2 Nerried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V					2 NO			, 410.)		Specify:	
	15. DECEDENT'S EDU	KOREA		DESCRIPTION	1	N 10 1710						WHITE	_
	(Specify only highest grade	completed)		(Give kind of the. Do NOT u	work done du	iring mos	et of working	g	186. KINE	OF BUSINE	SS/INDUS	THY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 -		CIVIL		CE			N	S. A.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	i.		TATT	OBILVI	015	18, MOTI	HER'S NAI	ME (First, Middle				-
		ONEY						ORET	_ ,,		LLERY	,	
86	19e. INFORMANT'S NAME (Type/Print)	OLLET		19b. MAILING	ADDRESS	(Street a		_	Route Number, Ci		_		
5	SHIRLEY MOONEY				E AS 1								
	20a, METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Finance		20b. PLA	CE OF DISPO			netery, cren	natory or		20c. LOCATI	ION — City	or Town, State	\neg
	4 ☐ Donetion 5 ☐ Other (Specify)	CYAL FROM STATE		r place) RYLAND	VETE	RAN:	S CE	METE	RY	CRO	<u>w</u> nsv	ILLE, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	SHISEE A	77.				D ADDRE			OME			
	E Hornark		ndos	//	5.1				IERAL H		TAY DI	IDNITE MD 216	
	23. PART i. Enter the diseases, or	complications the	t caused the	daath. Do	not antar t		OND		S.W.			JRNIE, MD 210	100
	shock, or heart failure.	List only one cau	ise on aach	iina.								Interval Betwee	
	iMMEDIATE CAUSE (Final disease or condition	Da	1	no			1	1	THIS	1.60		Officer and Date	
	reaulting in death)	DUE TO	(OR AS A CON	SEQUENCE	F):	ra	THE	_	INS.	cc> J	Cle	vay.	
z		. Kh	ner	town	si uc		H	Ar	+	1.715	CA.	se	
2	Sequantially ilat conditiona, If any, leading to immediate	DUE T	AS A CON	SEQUENCE O	PF):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c/											
	that initiated events	DUE TO	(OR AS A CON	ISEOUENCE O	NF):								
CERTIFICATION	reaulting in death) LAST	d											
2	PART ii. Other significant condition	na contributing to	daath but n	ot resulting	in the unc	deriying	cause	given in	Part i. 24a	. WAS AN AUT		24b. WERE AUTOPSY FINDING	GS
MEDICAL									1,5	PERFORME	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE	
									''	123 7 (1)		DF DEATH?	
									_				
A	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 Input ent 2	ER/Outpatien	R 3 DOA	OTHER 4 Nursi		. 5 KR	eeldence	8 Other (Spi	ecify)			
¥	27. MANNER OF DEATH	28a. DATE Of		28b. Til	WE OF	28c. INJ	UPY AT		28d. DESCRIE	BE HOW INJU	IRY OCCUP	RED	\neg
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, L	rey, rourj	- 1	M		PRK? YES 2	□ NO					
	3 Suicide 8 Could not be	28e. PLACE (OF INJURY — A	t home, farm,	street, facto	ry, offic	•			N (Street and wn, State)	Number or	Flural Route Number,	
TED	4 Homicide determined								- Ay 6, 70				
PLE	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	my knowledge	, death occur	red at the tir	ne, date	and place	, and due	to the cause(e)) end manner	r as stated.		
COMPLET	TOTAL OTHY											ause(e) and manner as stated.	
	29. SIGNATURE AND TITLE OF CERTIFIE	B		_		1	29c. LIC	ENSE NUI	ABER	25	9d. DATE S	IGNE® (Month, Pay, Year)	_
BE	Villing	1	m	2)0	DUY	4	5) /	260	54	9	19/91	
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAL	SE OF DEATH	(ITEM 27) (Typ	e, Print)	+			1	/		1 3	_
	William	PICTO	NE:	5.m	n	4	69	5	Am	eri	CA	(A.	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATUR	RE					4			21035	_
	QED 1 9 1001 4	Lusa Davids	on-Rand	200								7/00)	

Ħ

notified

pe

Tanti

examiner medical the event, other traumatic certificate has been signed by the attern the State Dept, of Health and Mental Injury. Shows ? 23 HOSPITAL DR ATTENDING PHYSICIAN: The Hem the 6 this c marked, DIRECTOR: After the hours after death tem 28 is marf FUNERAL within 72 h

6

any

REG. NO. 2. DATE OF DEATH DAY 1. OECEOENT'S NAME (First, Middle, Last) 3. TIME OF CEATH YEAR MARGIE ESTHER MORRIS A, 6:00 Sept. 7 1991 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH May 15, 1912 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 220 09 1275 DAYS 79 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 105 Tingle Road Berlin DIRECTOR Worcester RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Worcester Berlin 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE U.S.A. 105 Tingle Road 21811 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. Specify: White If yes, specify Cuban, Mexican, Puarto Ri 1 YES 2 YNO Specify: 1 Never Married 2 Merried Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Laundry Worker Drycleaning 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) John Widgeon Lucy Richardson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Deloris Morris Nicholson 105 Tingle Road Berlin, MD 21811 ROM METHOD OF DISPOSITION

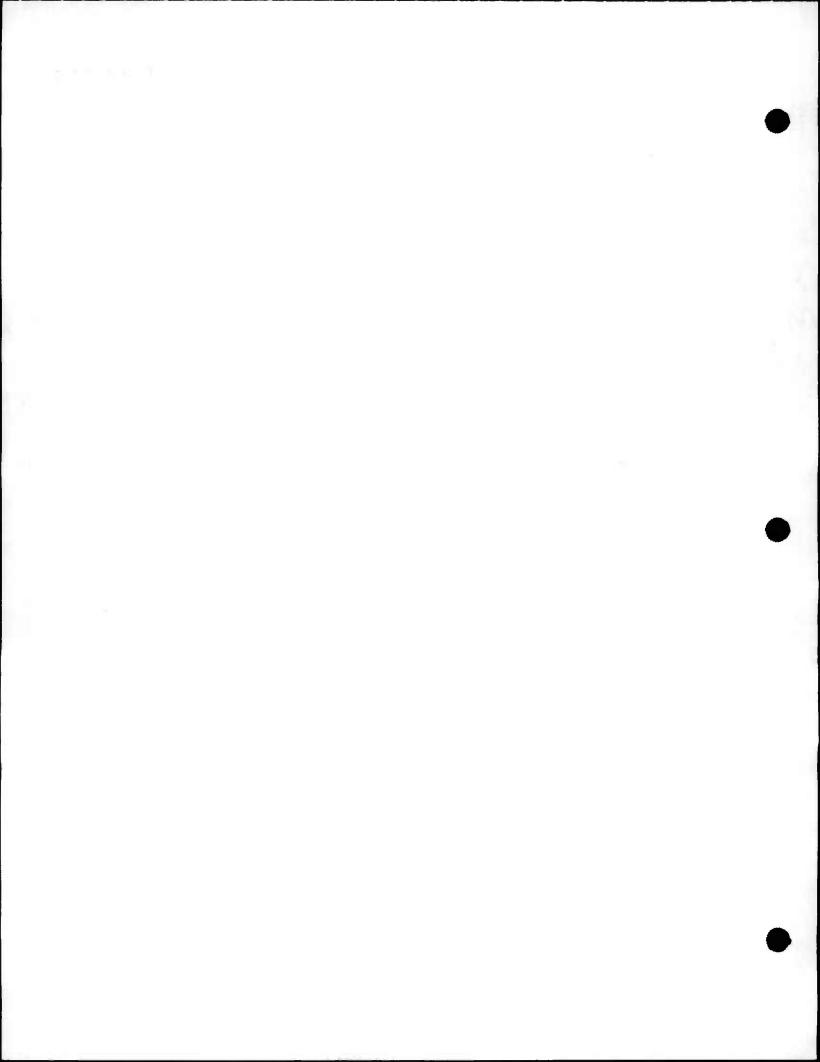
ANDURAL 2 □ Cramation 3 □ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Evergreen Berlin, MD 4 ☐ Donation 8 ☐ Other (Specify) _ 22. NAME AND ADDRESS OF FACILITY BURBAGE FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 108 Williams St. MD Berlin, 21811 Justale 23. PART I. Enter the dispases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory erreat, Approximata shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) liver vinc CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24e, WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 -40 1 | Inpetient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED a Could not be 4 Homicide 29e. CERTIFIER

Thenk only

TEXT CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) end menner ee stated. 2 _ MEOICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner se stated. 29b. SKINATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. OATE SIGNED (Month. Day. Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, DEEP 13 32. REGISTRAR'S SIGNATURE Jaka Lavidion Randall

計画 223

IMPORTANT: If



4	FOR STATE REGISTE
1	1. DECEDENT'S
	4. SOCIAL SEC 220-90
	90. FACILITY N. UNIV
	RESIDENCE 10a. STATE
	100. STREET AF 4221

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR			CI	EKIIF	ICALE	= OF	DEA	ТН	REG. NO	D.		
	1. DECEDENT'S NAME (First, SHAWN P.		EY	The same		7				2. DATE OF DEATH	DAY 12	YEAR G	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB 220-90-9202		SEX	6. AGE (In yrs. les 28		IF UNDER	1 YEAR DAYS	IF UNDER	1 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	0/62		MPLACE (State or Foreign MD
JR.	9a. FACILITY NAME (If not ins UNIVERSIT							OR LOCATI		EATN	7	INTY OF D	EATN
K	RESIDENCE OF DEC	EDENT											
DIRECTOR	10e. STATE MD	10b. COUNTY				Y, TOWN C			 Y				10d. INSIDE CITY UMITS? 1 Pres 2 No
	10e. STREET AND NUMBER						_						1 TYES 2 NO
FUNERAL	4221 AUDR	EY AVEN	UE				101	. ZIP COD		225		rizen of v SA	VHAT COUNTRY?
ВУ	11. MARITAL STATUS "ever Married 2 0 3 Wildowed 4 Divor	Married	P. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR	MED	1 1	if yes, sp	ENDENT Code	in, Mexics	NIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	ns or No-	14. RACE Black Speci	American Indian, k, White, etc.
	15. DECE	DENT'S EDUCAT	ION	18a DF	CEDENT'S	USUAL OC	CHIPATIC	OM		Tes Vais of S	Inneron III.		
EI		highest grade cor	npleted)	(G	Do NOT u	work done o	luring mo	st of working	ng	16b. KIND OF B	JSIME 35/IN	DUSTRY	
COMPLETED	7th grade	12)	College (1-4 or 5 +	.)		EMPL	OYED)					
BE CO	17. FATHER'S NAME (First, Mic FRANCIS MC	KENNEY						R	OSE	ME (First, Middle, Maide MARIE GOE	ΓZ		
10	ROSE MARIE		AS	198		ADDRESS 4 WA				Poute Number, City or To D. BALTO			1230
	20a. METHOD OF DISPOSITION Burlei 2 Cremation 4 Donation 5 Other	3 🗆 Remova	from State	20b. PLACE A cernetery crea HOLY	ND DATE	OF DISPOS	CEM	me of	Y		cation —		wn, Siste
	21. SIGNATURE OF FUNERAL	,	SEE	1	TUDE	22.1	NAME AN	ID ADDRE	SS OF FA				
	X	liles	AUI	la		1:	501	E. F	ORT	AVENUE, B	LTO.	, MD	21230
	23. PART I. Entar the dis	art fallura. Lia	ipiicetibna thai Loniv Dna cau	caused tha da se on aach lina	ath. Do r	ot enter	the mo-	da of dy	ing, suc	h aa cardlac or rasi	olratory er	rest,	Approximate
	IMMEDIATE CAUSE (Fina			or day, mile									intarval Between Onset and Daath
- 1	disease or condition		1	11									b
-	resulting in death)	a	Cano	idemia (OR AS A CONSEC									days
N	Sequentially list condition	b	Cyton	negalow OR AS A CONSEC	riral	· vav	reu	mon	it is				7 days
CERTIFICATION	if any, leading to immed	lata	DUE TO	OR AS À CONSEC	UENCE O	T):				Infaire p			
2	cause. Enter UNDERLYIN CAUSE (Disease or Injur	dG & a_	Muco	bucter	un	avid	un	into	acel	Illaria no	APLM	Him	1 7 duns
<u>E</u>	that initiated eventa	'	DUE TO	OR AS A CONSEC	UENCE O	7:				The party of		0411	, , ,
E	resulting in death) LAST		Acaus	red To	·	440	of:			Synd.	FA		1 7
	DART II OIL - I - III								-				+ or years
MEDICAL	PART ii. Other algnifican			death but not re	aulting	n tha un	darlying	cause g	given in	Part i. 24s. WAS AI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	CMU G	rastri	+12							1 D YES	/		COMPLETION OF CAUSE
画											(E)	- 1	OF DEATH?
-													1 YES 2 NO
₹	25. WAS CASE REFERRED TO	MEDICAL					00.01						
PHYSICIAN:	EXAMINER?	H	OSPITAL:			OTHER	1:	177		ack only one)			
ž I	27. MANNER DF DEATH	11		ER/Outpatient 3		7			sidence	8 Other (Specify)			
효	1 Netural 5 P	andina.	28e. DATE OF (Month, De		28b. TIM	URY	28c, INJU WOI	URY AT RK?		28d. DESCRIBE NOW	INJURY OC	CURED	
BY		ivestigation	N/1	4		M	1 🗌 Y	'ES 2 📮	NO	NIA			
	3 Suicide 8 C	ould not be	28s. PLACE OF	INJURY — At her	ne, ferm, s	freet, facto	ry, office			281. LOCATION (Street	and Number	or Rural A	oute Number,
COMPLETED		etermined	K	A						City or Town, State			
7	29a. CERTIFIER 1 CERTIF	FYING PHYSICIAI	: To the best of	my knowledge, des	th occum	d at the tir	ne dete	and place	and due	to the cause(s) and ma			
<u> </u>													and menner as stated.
8						.,	zimon, de	ann occur	ed at the	time, data end piece, a	nd due to tr	ne cause(s)	and menner as stated.
BE	29b. SIGNATURE AND TITLE (OF CERTIFIER		/ . 1	4			29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
2	Ne	un	C. 0	odl	170						•	91	12/91
-	30. NAME AND ADDRESS OF				27) (Type,	Print)						1	/- 11
	Willie	in C	. Tod	d 1	Juni	levs1	Le 1	57 1	17.	yland.	Hoer	ite 1	
	31. DATE FILED (Month, Day, Ye	ear)	32. REGISTRA	'S SIGNATURE	0		1	(101	func	- 3/		
	9/12/91	\$	EP 13	1991	Freha	Davids	on-A	andelle	2				
			A sp	G	-								DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

dso	9	4
he	deta	000
4	2	ᅗ
20	onld	ed
retai	es s	=
2	90	9
may	K, pe	T.
9 9	recto	Ē
2	a di	ner
ath.	nue	E
ap Ja	al al	ex
affe	by t	lca.
OUIS	d in	med
15	file on.	9
hin	Hati	it, t
W	mple	Ne.
Ste	d co	ic
8	to b	E
2	iciar	200
Feat	phys g er	er
ertit	ling	8
te de	tend H la	0
e de	he a	jury, or other traumatic event, the medical examiner must be notified at
5	DA C	Ë
the s	De to	am
uire	Sign	*
5	been.	S.
NE S	Dept	23
E	ate	E
AN	THE S	5
YSIC	E 5	-
	40 to	2
4	r this	arked
JING P	After this death with	marked
FENDING P	OR: After this feer death with	8 is marked
ATTENDING PH	RECTOR: After this after death with	m 28 is marked, or item 23 shows any i
L DR ATTENDING PH	DIRECTOR: After this hours after death with	item 28 is marked
PITAL DR ATTENDING PH	RAL DIRECTOR: After this 77 hours after death with	f. If item 28 is marked
HOSPITAL DR ATTENDING PH	FUNERAL DIRECTOR: After this within 72 hours after death with	ANT: If item 28 is marked
HE HOSPITAL DR ATTENDING PH	HE FUNERAL DIRECTOR: After this lad within 72 hours after death with	ORTANT: If item 28 is marked
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 72 hours after death with the State Debt, of Health and Mental Hyolene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR	RTMENT OF HEALTH AND	MENTAL HYGIEN	E	_ 4 3 0 .
1. DECEDENT'S NAME (First, Middle, Last) Nevers, F	ALEXANDER L.	MYERS	2. DATE OF DEATH MONTH DA	191	3. TIME OF DEATH
	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	> Nec	GUICN
Pot Vallen N RESIDENCE OF DECEMENT	ur Center	ROCKVILLE	DEATH	More T	ATH
10s. STATE 10b. COUNTY	+ R	TY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1235 Par. Va	Potomac Valley Nur	2085	10	USA	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mex 1 YES 2 NO Spe	PANIC ORIGIN? (Specify Yea Ican, Puerto Rican, etc.) Ic/ly:		- American Indian, White, etc.
15. DECEDENT'S EOUCA' (Specify only highest grade co Elementary/Secondary (0-12)		S USUAL OCCUPATION work done during most of working use retired.)	16b. KINO OF BUS	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Micidia, Last)		18. MOTHER'S	NAME (First, Middle, Malden	Sumame)	
190, INFORMANT'S NAME (Type/Print)	19b. MAILING	O ADDRESS (Street and Number or Run	ral Route Number, City or Tow	n, State, Zip Code)	
20e. METHOD OF DISPOSITION 1	20b. PLACE OF DISPO	DSITION (Name of cometery, crematory of	ov 20c. LO	CATION — City or Too	rn, State
21. SIGNATURE OF FUNERAL SERVICE LICEN		22. NAME AND ADDRESS OF 655 W. Baltin	State	Anatomy I	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF	HEART FAIL	URE		Onset and Da
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE (
that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE (DF):			
	contributing to death but not resulting	In the underlying cause given	In Part I. 24a, WAS AN PERFO	RMED?	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only one)		
	26s. DATE OF INJURY 28b. Til	4 Nursing Home 6 Residen	ce 6 Other (Specify) 26d. DE\$CRIBE HOW	IN HIRY OCCURED	
1 Netural 6 Pending 2 Accident Investigation	(Month, Dey, Year) IN 28e. PLACE OF INJURY — At home, farm,	M 1 YES 2 NO	26f. LOCATION (Street		
3 Suicide 6 Could not be determined	building, etc. (Specify)	, 1100, 1100	City or Town, State)	oute Humber,
and and	AN: To the best of my knowledge, death occur On the basis of examination end/or investigat				and menner ee stated
296. SIGNATURE AND TITLE OF CERTIFIER	Thony No.	29c. LICENSE (NUMBER 9589	≥ SEPTEN	(Month, Day, Year)
TOWATHAN PLOTS	COMPLETED CAUSE OF DEATH (ITEM 27) (NO. NY.)	EDICAL CENTER	e DRIVE,	ROCKU	UE
31. DATE FILED (Month, Dey, Year) SEP 1 3 1991	32 REGISTRAR'S SIGNATURE	3	J.		

1.7

a

ᅓ

notified

pe

must

examiner

medicai

the

event,

traumatic

other

0

n and completely fills to burial, cremation,

the attending physician Mental Hygiene prior to

has been signed by the Dept. of Health and M

Itеm certificate h

6

is marked,

28

31, DATE FILED (Month, Day, Year)

FP

3 1991

HOSPITAL DR

BALTIMORE, MARYLAND 21215-0020

CIAN: The law requires that the death certificate be executed VITAL RECORDS, P. TO THE HOSPITAL DR AND TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OFATH YEAR Α. Deanna September 10, 199 1:02amm Nichols 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIFITH (Month, Day, Year) a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE 218-60-4420 1 M 2 F 39 8-31-52 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH Maryland General Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 10L ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1102 DRUID HILL AVENUE APT. 1615 U.S.A. 21201 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 🕅 Naver Married 2 🗌 Married FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: β 3 Widowed 4 Divorced BLACK 16a. OECEOENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade of (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) COMPL UNEMPLOYED 10TH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown BARBARA NICHOLS BE 19a. INFORMANT'S NAME (Type/Print) and Number or Payer Progres Number City or Rown, State Zip Code) 21201 Apt 196. MAILING ADDRESS (Street 1102 DRUID 9 BARBARA WATERS 24a. METHOD OF OISPOSITION
1 Å Buriat 2 Cremation 3 1 m
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION - City or Town, State WESTERNOTHS FOAR CEM. CATONSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the dieeeses, or complications that caused the death, Do not enter the mode of dying, such as cardiec or respiratory errest, ehock, or heart failura. List only one cause on eech line. interval Between Onset and Death IMMEDIATE CAUSE (Fine) diseese or condition Probable bacterial pneumonia reculting in deeth) DUE TO (OR AS A CONSEQUENCE OF): (Human Immune Deficiency virus) HIV positive CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE 1 TYES XX NO OF DEATH? 1 TES TO NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 X NO ne 5 🗆 Residence 8 🗆 Other (Specily) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO A 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Momicide 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, H Peter 09/10/91 tham n/a 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Peter Pham, M.D. c/o Maryland General Hosptial

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

ITEMS:23 thru 28f

1. DECEDENT'S NAME (First, Middle, Last BABY BOY	0	ORE	LLA		MON		DAY	YEAR	. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7 DATE	OF BIRTH		9 1	ACE (State or Fort
newborn	1 🔀 M 2 🗌 F	Aug. 23,91 YRS.	MONTHS DAYS	HOURS MIN.	44.4	th, Day, Year)		Country)	vland
99. FACILITY NAME (If not institution, give 9924 MOXLEY RI	street end number)			OR LOCATION OF	DEATH		9c. COUNT	TY OF DEA	TH
RESIDENCE OF DECEDENT			DAMA	.5005			MON	GOM	EKI
10e. STATE 10b. COUN			Y, TOWN OR LOCA	TION		-		1	Od. INSIDE CITY
MD MO	ontgomery	Co D	amascus	H. ZIP CODE			To the same		YES 2 N
9924 Moxley	Road			200	50		70		AT COUNTRY?
II. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARMEO	13. WAS DE	CENDENT OF HISP	ANIC ORIGI	N7 (Specify V		USA 4. RACE -	- American Indian
Never Married 2 Married Midowed 4 Divorced	IF YES, GIVE W			pecify Cuben, Mexi \$ 2 \[\text{NO} \] Spe				Specify:	
15. DECEDENT'S EO (Specify only highest grad	UCATION	16e. DECEDENT'S			166	yes b. KINO OF BI	JSINESS/INDU		Hispanio
Elementary/Secondary (0-12)	College (1-4 or 5 +	Hito Do MOT	work done during made retired.)	ost of working					
7. FATHER'S NAME (First, Middle, Last)			Infant						
TATTIER S NAME (First, Middle, Last)				Ana			n Surname)		
9e. INFORMANT'S NAME (Type/Print)	*	19b. MAILING	ADDRESS (Street	end Number or Run	R. Ore		wn, State, Zip C	Code)	
OCME, 111 Penn Stre	et Ralto M								
	co, barco.rr	u.							
Ge. METHOD OF DISPOSITION Burlet 2 Cremetton 3 Res	moval from State	20b. PLACE AND DATE Cometery, crematory or of		ema of	DAT	E 20c. L	OCATION — CI	ty or Town	, Stata
MEDIATE CAUSE (Final disease or condition	in state in state icensee Rogal complications that List only one ceus	20b. PLACE AND DATE of cemetery, cremetory or of d Wade, Dir 9/12/91 Coused the death. Do not see on each line.	22. NAME A 65.	ND ADDRESS OF S	FACILITY Ltimon	State ceSt,B	Anatonalto.,	ny Bo	21201
DOE. METHOD OF DISPOSITION Burlet 2 Cremeiton 3 Rei Donation 5 Other (Specify) It. SIGNATURE OF PUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heart failure	moval from State in state JCENSEE ROMAL complications that List only one ceus	20b. PLACE AND DATE of cometery, cremetory or of d Wade, Dir 9/12/91 coused the death. Do not be on each line.	22. NAME A 65: not enter the mo	ND ADDRESS OF S	FACILITY Ltimon	State ceSt,B	Anatonalto.,	ny Bo	21201
Re. METHOD OF DISPOSITION Burlet 2 Cremeiton 3 Rei Donation 5 Other (Specify) It. SIGNATURE OF PUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heert failure MMEDIATE CAUSE (Final disease or condition resulting in death)	in state in state in state in state icensee Ronal complications that List only one cause e. RESPIRA KETOACI	20b. PLACE AND DATE of cometery, crematory or of d Wade, Dir 9/12/91 Coused the death. Do not on each line. ATORY INSUFF OR AS A CONSEQUENCE OF DOSIS	22. NAME A 65. not enter the mo	ND ADDRESS OF S	FACILITY Ltimon	State ceSt,B	Anatonalto.,	ny Bo	21201
Be. METHOD OF DISPOSITION Burlet 2 Cremeiton 3 Rei Donation 5 Other (Specify) In SIGNATURE OF PUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heert failure MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING	in state in state in state in state icensee Ronal complications that List only one cause e. RESPIRA KETOACI	20b. PLACE AND DATE of cometery, cremetory or of d Wade, Dir 9/12/91 coused the death. Do not be on each line.	22. NAME A 65. not enter the mo	ND ADDRESS OF S	FACILITY Ltimon	State ceSt,B	Anatonalto.,	ny Bo	21201
Repute 2 Cremeiton 3 Repute 2 Cremeiton 3 Repute 2 Cremeiton 3 Repute 2 Cremeiton 5 Other (Specify) It. SIGNATURE OF PUNERAL SERVICE LEADER CONTROL OF PUNERAL SERVICE LEADER C	in state in state in state icensee Ronal. complications that List only one cause e. RESPIRA DUE TO (C.	20b. PLACE AND DATE of cometery, crematory or of d Wade, Dir 9/12/91 Coused the death. Do not on each line. ATORY INSUFF OR AS A CONSEQUENCE OF DOSIS	22. NAME A 65. Not enter the mo	ND ADDRESS OF S	FACILITY Ltimon	State ceSt,B	Anatonalto.,	ny Bo	21201
Be METHOD OF DISPOSITION Burlet 2 Cremeiton 3 Rei Donation 5 Other (Specify) It. SIGNATURE OF PUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heert failure MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	moval from State in State in State in State complete Romal complications that List only one cause e. RESPIRA DUE TO (KETOACI b. DUE TO (d.	20b. PLACE AND DATE (cometery, crematory or of dwade, Dir 9/12/91 coused the death. Do not be on each line. ATORY INSUFF (OR AS A CONSEQUENCE OF DOSIS) (OR AS A CONSEQUENCE OF CORRESPONDENC	22. NAME A 65. Not enter the mo	ND ADDRESS OF 6	FACILITY L'ETIMOI L'E	State ceSt,B	Anatonalto.,	ny Bo	21201
Be. METHOD OF DISPOSITION Burlet 2 Cremeiton 3 Rei Cremeiton 5 Other (Specify) It. SIGNATURE OF PUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heert failure MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	moval from State in State in State in State complete Romal complications that List only one cause e. RESPIRA DUE TO (KETOACI b. DUE TO (d.	20b. PLACE AND DATE (cometery, crematory or of dwade, Dir 9/12/91 coused the death. Do not be on each line. ATORY INSUFF (OR AS A CONSEQUENCE OF DOSIS) (OR AS A CONSEQUENCE OF CORRESPONDENC	22. NAME A 65. Not enter the mo	ND ADDRESS OF 6	FACILITY L'ETIMOI L'E	State ceSt,B	Anatonalto.,	ny Bo MD st,	21201 Approximatintervel Bet Onset and
Be METHOD OF DISPOSITION Burlet 2 Cremeiton 3 Rei Donation 5 Other (Specify) It. SIGNATURE OF PUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heert failure MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	moval from State in State in State in State complete Romal complications that List only one cause e. RESPIRA DUE TO (KETOACI b. DUE TO (d.	20b. PLACE AND DATE (cometery, crematory or of dwade, Dir 9/12/91 coused the death. Do not be on each line. ATORY INSUFF (OR AS A CONSEQUENCE OF DOSIS) (OR AS A CONSEQUENCE OF CORRESPONDENC	22. NAME A 65. Not enter the mo	ND ADDRESS OF 6	FACILITY L'ETIMOI L'E	State CeSt, B diac or resp META	Anatomalto., Diretory arrest BOLIC	ny Bo MD st,	Ard 21201 Approximatintervel Bet Onset and
Be METHOD OF DISPOSITION Burlet 2 Cremeiton 3 Rei Donation 5 Other (Specify) It. SIGNATURE OF PUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heert failure MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	moval from State in State in State in State complete Romal complications that List only one cause e. RESPIRA DUE TO (KETOACI b. DUE TO (d.	20b. PLACE AND DATE (cometery, crematory or of dwade, Dir 9/12/91 coused the death. Do not be on each line. ATORY INSUFF (OR AS A CONSEQUENCE OF DOSIS) (OR AS A CONSEQUENCE OF CORRESPONDENC	22. NAME A 65. Not enter the mo	ND ADDRESS OF 6	FACILITY L'ETIMOI L'E	State ceSt, B diac or resp META	Anatomalto., Diretory arrest BOLIC	ny Bo MD st,	Ard 21201 Approximatintervel Bet Onset and I
Be. METHOD OF DISPOSITION Burlet 2 Cremeiton 3 Rei Cremeiton 5 Other (Specify) IT. SIGNATURE OF PUNERAL SERVICE L PART I. Enter the diseases, or ahock, or heert failure MMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other algnificant conditions.	complications that Example 1 in State ICENSEE RODAL Complications that List only one cause Example 1 in State DUE TO (DUE TO (DUE TO (d	20b. PLACE AND DATE (cometery, crematory or of dwade, Dir 9/12/91 coused the death. Do not be on each line. ATORY INSUFF (OR AS A CONSEQUENCE OF DOSIS) (OR AS A CONSEQUENCE OF CORRESPONDENC	22. NAME A 65: not enter the mo	ND ADDRESS OF 6	FACILITY L'L'IMOJ ICH sa cere ATING	State CeSt, B diac or resp META 24a. WAS AA PERFO 1 YES	Anatomalto., Diretory arrest BOLIC	ny Bo MD st,	Ard 21201 Approximatintervel Bet Onset and I
Be. METHOD OF DISPOSITION Burlet 2 Cremeiton 3 Rei Connection 5 Other (Specify) IT. SIGNATURE OF PUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heart failure MMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, famy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events reaulting in death) LAST PART II. Other algnificant conditions. Sequentially list conditions, famy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events reaulting in death) LAST	complications that in state in	20b. PLACE AND DATE Cometery, crematory or of d Wade, Dir 9/12/91 coused the death. Do not on each line. ATORY INSUFF OR AS A CONSEQUENCE OF DOSIS OR AS A CONSEQUENCE OF death but not resulting in the constant of the consequence of death but not resulting in the consequence of death but not resulting in the consequence of death but not resulting in the consequence of t	22. NAME A 65. Tot enter the modern of the content	ND ADDRESS OF A SUBJECT OF A SU	FACILITY L'L'IMOJ ICH sa cere ATING	State CeSt, B diac or resp META 24a. WAS AN PERFO 1X YES:	Anatomalto., Diretory arrest BOLIC	ny Bo MD st,	Ard 21201 Approximatintervel Bet Onset and I
Sequentially list conditions, tarry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events reaulting in death) LAST S. WAS CASE REFERRED TO MEDICAL EXAMINER? WAS LASE REFERRED TO MEDICAL EXAMINER? WAS LASE REFERRED TO MEDICAL EXAMINER? WAS LASE REFERRED TO MEDICAL EXAMINER?	complications that in state in	20b. PLACE AND DATE Cometery, crematory or of d Wade, Dir 9/12/91 It ceused the death. Do not see on each line. ATORY INSUFF OR AS A CONSEQUENCE OF DOSIS OR AS A CONSEQUENCE OF DOSIS	22. NAME A 65: not enter the mo ICIENCY 1: 1: 1: 1: 1: 26. Pi OTHER: 4 □ Nursing Hore UNITY 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	SWestBall COMPLIC G ceuse given i	ATING	State CeSt, B diac or resp META 24a. WAS AN PERFO YES:	Anatomalto., Diretory arrest BOLIC AAUTOPSY RMEO? 2 NO	ay Bo MD st,	Ard 21201 Approximate intervel Bet Onset and I
Beriel 2 Cremellon 3 Rei Darlel 2 Cremellon 3 Rei Donation 5 Other (Specify) It. SIGNATURE OF PUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heert failure MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other algnificant conditions S. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Accident 2 Accident	movel from State in S	20b. PLACE AND DATE Cometery, crematory or of dwade, Dir 9/12/91 It coused the death. Do not be on each line. ATORY INSUFF (OR AS A CONSEQUENCE OF DOSIS) FOR AS A CONSEQUENCE OF DOSIS	22. NAME A 65: not enter the mo ICIENCY 1: n the underlyin 26. Pi OTHER: 4 Nursing Hore 10 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursing Hore 19 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursing Hore 19 Nursing Hore 19 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursing Hore 18 Nursing Hore 19 Nursing Hore 19 Nursing Hore 19 Nursing Hore 10 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursing Hore 18 Nursing Hore 18 Nursing Hore 19 Nursing Hore 19 Nursing Hore 19 Nursing Hore 10 Nursing Hore 10 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursin	SWestBall COMPLIC G ceuse given i	ATING	State CeSt, B diac or resp META 24a. WAS AN PERFO X YES:	Anatomalto., Diretory arrest BOLIC AUTOPSY RMEO? 2 NO	ay Bo MD st,	Ard 21201 Approximatintervel Bet Onset and i
Be. METHOD OF DISPOSITION Dariel 2 Cremellon 3 Rei Donation 5 Other (Specify) S. SIGNATURE OF PUNERAL SERVICE L DONATOR OF DEATH S. SIGNATURE OF PUNERAL SERVICE L DONATOR OF DEATH DONATOR OF DEATH Reight S. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH MANNER OF DEATH Metural 5	movel from State in S	20b. PLACE AND DATE Cometery, crematory or of d Wade, Dir 9/12/91 It ceused the death. Do not see on each line. ATORY INSUFF OR AS A CONSEQUENCE OF DOSIS OR AS A CONSEQUENCE OF DOSIS	22. NAME A 65: not enter the mo ICIENCY 1: n the underlyin 26. Pi OTHER: 4 Nursing Hore 10 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursing Hore 19 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursing Hore 19 Nursing Hore 19 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursing Hore 18 Nursing Hore 19 Nursing Hore 19 Nursing Hore 19 Nursing Hore 10 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursing Hore 18 Nursing Hore 18 Nursing Hore 19 Nursing Hore 19 Nursing Hore 19 Nursing Hore 10 Nursing Hore 10 Nursing Hore 10 Nursing Hore 11 Nursing Hore 12 Nursing Hore 13 Nursing Hore 14 Nursing Hore 15 Nursing Hore 16 Nursing Hore 16 Nursing Hore 17 Nursing Hore 18 Nursin	SWestBall COMPLIC G ceuse given i	ATING Part I. Check only or 28d. Dec	24a. WAS AN PERFO	Anaton alto., piretory arrest BOLIC AAUTOPSY RMEO? INJURY OCCU VIN end Number or	ay Bo MD st,	Approximatintervel Bet Onset and I
Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events reaulting in death) LAST PART II. Other algnificant conditions. Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events reaulting in death) LAST PART II. Other algnificant conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? WES 2 NO 7. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 6 Could not be determined	movel from State in S	20b. PLACE AND DATE Cometery, crematory or of dwade, Dir 9/12/91 It coused the death. Do not be on each line. ATORY INSUFF (OR AS A CONSEQUENCE OF DOSIS) (OR AS A CONSEQUENCE OF DOSIS)	22. NAME A 65: ICIENCY The control of the control	SWestBallode of dying, au COMPLIC g ceuse given i	ATING ATING Check only or 6 Other 286. Des	State CeSt, B diac or resp META META 24a. WAS AN PERFO 1X YES: (Specify) SCRIBE HOW UNKNOW ATION (Street or Rown, State SCUS,	Anatonalto., biretory arrest BOLIC AUTOPSY RMEO? INJURY OCCU WIN ARYL.	24b. WMD 24b. WMA COLOR REO RUEN ROA	Ard 21201 Approximatintervel Bet Onset and I
Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other algnificant conditions. Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other algnificant conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? When the condition of the conditions of the condition	movel from State in S	20b. PLACE AND DATE Cometery, crematory or of dwade, Dir 9/12/91 It coused the death. Do not be on each line. ATORY INSUFF (OR AS A CONSEQUENCE OF DOSIS) FOR AS A CONSEQUENCE OF DOSIS	22. NAME A 65: not enter the mo ICIENCY The second of the underlyin 26. Pl OTHER: 4 Nursing Horr E OF 28c. INJ URY UC The second of the time, detailed at the time, detaile	SWestBall COMPLIC COMPLIC G ceuse given i LACE OF DEATH (C) Residence UNITY AT PKS 2 NO a and place, end du	FACILITY L'L'IMOJ ATING ATING Part I. Check only or 6	State CeSt, B diac or resp META 24a. WAS AN PERFO 1X YES: WY (Specify) SCRIBE HOW UNKNOW ATION (Street Or Town, State, SCUS, June(e) end me	Anaton alto., piretory arrest alto., piretory arrest alto alto., piretory arrest alto alto alto alto alto alto alto alt	24b. WM CX OF THE PROPERTY OF	Approximate intervel Bet Onset and I onset
Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other algnificant conditions. Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other algnificant conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? When the condition of the conditions of the condition	complications that in state in state in state in state in state complications that List only one cause e. RESPIRA DUE TO (KETOACI b. DUE TO (d. DUE TO (d. Inscontributing to (d. Inscontributing to (state of (Month, De FOUND: 8 28e. PLACE OF Building, e HOME SICIAN: To the basis of examination of the contribution of th	20b. PLACE AND DATE Cometery, crematory or of demetery, crematory or of the complete of the co	22. NAME A 65: not enter the mo ICIENCY The second of the underlyin 26. Pl OTHER: 4 Nursing Horr E OF 28c. INJ URY UC The second of the time, detailed at the time, detaile	SWestBall COMPLIC COMPLIC G ceuse given i LACE OF DEATH (C) Residence UNITY AT PKS 2 NO a and place, end du	ATING ATING Part I. Check only or 281. LOC City DAMA	State CeSt, B diac or resp META 24a. WAS AN PERFO 1X YES: WY (Specify) SCRIBE HOW UNKNOW ATION (Street Or Town, State, SCUS, June(e) end me	Anaton alto., or or or or or or or or or or or or or	24b. WMD st, 24b. WMA AM CO OH 1	Approximate intervel Bet Onset and I onset

permit. Pages 1, 2, 3 should

n	after
	hours
	24
ć	within
1001	executed
5	3
	certificate
r	ta at
ñ	de
5	=
5	tha
Z L	requires
	₩.
4	를
010	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOA 88/80,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
5	OR
-	HOSPITAL

	1 - FOR REGISTRAR	STATE OF MARYLAI	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGI		24910
	1. DECEDENT'S NAME (First, Middle, Last) Shirley	Rudne	У			2. DATE OF DEATH	r, 1991	YEAR 6:30 PM
	4. SOCIAL SECURITY NUMBER 235-30-2328	1 M 2 D	71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Jan . 2	1)	B. BIRTNPLACE (State or Foreign Country) OHIO
IOR	9a. FACILITY NAME (If not institution, give st St. Agnes Hos							EY OF OEATH
DIRECTOR	10a, STATE 10b, COUNTY	BAltimore	10c. CITY,	TOWN OR LOCAT	outus			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10. STREET AND NUMBER 715 Maiden (Choice Lane	•	100	ZIP CODE	1227	10g. CITIZI	EN OF WHAT COUNTRY?
BY-FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		NIC ORIGIN? (Specifyin, Puerto Rican, etc.		14. RACE — American Indian, Bleck, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use	ork done during mo retired.)	st of working	.16b. KIND OF	BUSINESS/INDU	STRY
_	17. FATHER'S NAME (First, Middle, Last)		west	ern Un	18. MOTNER'S NA	AME (First, Middle, Ma		
TO BE	Jerry Colle		1		nd Number or Rural	a Staln	Town, State, Zip C	· ·
	Sharon Isbe: 20e. METNOD OF DISPOSITION 1 GBurlat 2 Cremation 3 Remote A Donation 5 Other (Specify)	20b. P	LACE AND DATE OF COMPANY OF Oth Property of the Property of th	F DISPOSITION (Na	me of		LOCATION — CI	MAryland21014 Hy or Town, State ille Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC		lome	22. NAME AI	D ADDRESS OF FA	CILITY		AceAve.21221
	23. PART I. Enter the dieeees or of shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	E. DUE TO (OR AS A C	tac A		de of dying, aud	ch as cardiec or n	eepiratory arre	Approximete interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C						
PHYSICIAN: MEDICAL C	PART II. Other significant condition	6 contributing to deeth but	not resulting in	the underlyin	g ceuse given in	PE	S AN AUTOPSY RFORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)			
PHYS	27. MANNER OF DEATN 1 Netural 5 Pending	1 Inpatient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.		6 ☐ Other (Specify) 26d. DE\$CRIBE H		URED
IED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, term, st			281. LOCATION (St City or Town, S	or Rural Route Number,	
COMPLE	(200)	CIAN: To the best of my knowled						d. ceuse(a) and menner as steted.
מ	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d, DATE	SIONED (Month, Day, Year)
2		O COMPLETED CAUSE OF DEAT			den co	h-ke L		
	30 DATE-FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE					

REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIEN		ton	471	
1. DECEDENT'S NAME (First, Middle, Lest) LEONARD		RA	JEWSKI	2. DATE OF DEATH MONTH C) 1		YEAR 9 1	6:19	А м
1	1×□ M 2 □ F 67	100	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vear) 5-23-19			LACE (State or Fo	
99. FACILITY NAME (If not institution, give stree FRANCIS SCOTT		91	BALTIMORE	DEATH	9c. COUNT	na na	ATH	
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				Od. INSIDE CITY	
10e. STREET AND NUMBER 2200 Essex Road			101. ZIP CODE		10g. CITIZE		AT COUNTRY?	NO
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxie 1 YES 2 NO Specific	can, Puerto Rican, etc.)	e or No — 1	Shack, 1	- American India White, etc.	en,
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TON mpleted) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BU	SINESS/INDU	STRY		*
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden	Surname)			
19s. INFORMANT'S NAME (Type/Print) OCME		19b. MAILING AD	DRESS (Street and Number or Rura	I Route Number, City or Tow	n, State, Zip C	code)	-	
20e. METHOD OF DISPOSITION 1	state cem	PLACE AND DATE OF D etery, crematory or other		DATE 20c, LO	CATION — CI	ty or Town	, Stata	
21. SIGNATURE OF FURERAL SERVICE LICENS	Wases		22. NAME AND ADDRESS OF F	oreSt, Balt		2120	Board 1	
23 PART I. Enter the diseases, or com- ahock, or heart feliure. Lie IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) Sequentially list conditione, if any, leading to immediate csuse. Enter UNDERLYING	DUE TO (OR AS A	consequence of:	enter the mode of dying, au	ch as cerdiac or resp	iratory arrea	nt,	Approximation interval Be Onsat and	tween
CAUSE (Disesse or Injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other significent conditions c	ontributing to deeth bu	it not resulting in th	ne underlying ceuse given in	Part I, 24a. WAS AN PERFOR	AUTOPSY IMED? NO	AN CC DI	ERE AUTOPSY FIR MILABLE PRIOR 1 OMPLETION OF C F DEATH?	AUSE
	OSPITAL:		26. PLACE OF DEATH (CI					
27. MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCUP	RED		
3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Specif	At home, farm, atreet	t, fectory, offica	26f. LOCATION (Street a City or Town, State)	and Number or	Rural Rout	e Number,	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DESCRIPTION ON DESCRIPTION OF CONTROL OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION DESCRIPTION OF CERTIFYING PHYSICIAN DESCRIPTION DESCRIPTI	N: To the best of my knowle	edge, death occurred at and/or investigation, in	the time, data and place, and due my opinion, death occured at the	to fhe cause(s) and men	ner as atsted.	ause(s) ar	nd manner as st	ited.
29b. SIGNATURE AND TITLE OF CERTIFIER	2 Chute	MO	29c. LICENSE NU			IGNED (M	onth, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print	0					
31. DATE FILED (Month, Day, Year) SEP 1 3 1991	32. REGISTRAR'S SIGNA	TURE 2	PENN STREE	T BALTIMO	ORE, M	ARYI	JAND 2	120

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the bunial-transit permit. I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

	1.06	CEDENT'S NAME (First		3000	Y R.	SANT	ERLI	N			MON		9-11	-91 YEAR	3. TIME OF DEATH
	4. SC	CIAL SECURITY NUM	4	5. SEX		AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7, DAT	E OF BIRTN	/1	6. BIRT	HPLACE (State or Foreig
	2	13-22-98	384	1 🗆 M 3K	1	62		ONTHS		HOURS MIN.	(Mor	nth, Day, Year)	9	Coun	vland
		ACILITY NAME (If not is						9b. CITY,	TOWN OR	LOCATION OF E		<u> </u>		INTY OF	
DIRECTOR	В	altimore		Gene	ral	Hospi	tal		Y	none				Bal	to.
EC	10e.	STATE	10b. COUN	TY			10c. CITY,	TOWN O	R LOCATIO	N					10d. INSIDE CITY
9	Ma	ryland	-Ba	altimo	re		100	Es	ssex						LIMITS?
3AL	100. STREET AND NUMBER 2 Old Maple Court 21221										of what country?				
FUNERAL	11. M	ARITAL STATUS	арте	_		VER IN U.S. AR	MED	10.0	me Decen	IDENT OF HISPA	NIC ON	1110 1011 14			
B	11	Never Married 2 Widowed 4 Dive		FORCES	S? 1 []	YES 2 PA	10	H	yes, speci	ty Cubsn, Mexic	sn, Pusrio	Rican, atc.)	es or No —	Spe	E — American Indian, ok, Whits, atc. city: CTO1d
回			CEDENT'S ED			16s. DE	CEDENT'S U ive kind of wo Do NOT use	SUAL OC	CUPATION furing most	of working	16	b. KIND OF B	USINESS/IN		
PLET	E	lementary/Secondary ((0-12)	College (1-	4 or 5+)	Me.	Hous					nor	ne		
COMPL	17. FA	THER'S NAME (First, A	Widdle, Last)		=					18. MOTNER'S N	AME (First,				
BE C		Moses	Willi	iam Sp	picer	r						Tayl			
10	198. [NFORMANT'S NAME (Vannett	,, ,	Spice	er	2	Old	Mar	Street end	Ct, E	Route Nu	mber, City or To	own, State, Zi rylar	p Code) 1d	21221
	20s.	METNOD OF DISPOSIT	TION on 3 Res	moval from St	tate	20b. PLACE	AND DATE OF	DISPOSI	ITION (Name	10 1	DA	TE 20c. L	OCATION -	- Cify or T	Town, Stats
	4 🗆	Donation 5 - Othe	r (Specify)			Balt	imore	e Ce	emet	ery 9-	- 16 -	91 Ba	altir	nore	e, Maryla
	21. 5	GRATORE OF PUREH	AL SERVICE L	\ \		- ()	22.	NAME AND	ADDRESS OF F	ACILITY		773	-	
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Calvin B. Scruggs Funeral Home 1412 E. Preston St. Balto, Md. 2121													
	IMM	EDIATE CAUSE (FI	heart failure	complication. List only o	ne that ca	aused the de on each ilne	F _a	1 denter	412 the mode	E. Pro	esto ch sa co	n St.	Ba.	Lto,	Md 21.2. Approximate interval Bety
ERTIFICATION	Seq if ar cause CAU thet	ahock, or h	tions, ediete	a. A.	SPIP DUE TO (OR STRO DUE TO (OR ASTA	aused the de on each ilne	DUENCE OF	1 denter	412 the mode	E. Pro	esto ch sa co	n St.	Ba.	Lto,	Md. 21.2. Approximate interval Betw
AL CERTIFICATION	Seq if ar caus CAU thet	ahock, or interest and interest	tions, ediete (ring ury	a. A	SPIP DUE TO (OR DUE TO (OR DUE TO (OR	ATION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSE	DUENCE OF: CARCOUENCE OF:	PAE (GE	the mode astr heta meta	e. Proposed of dying, au	Aspesti	on St. rdlec or rea irati nal l	Bal	lto, rrest, Pneu rrag is)	Approximate interval Betwoen and Damonia) ge
OICAL	Sequif ar cause CAU thet reau	ahock, or he condition withing in death) uentielly list condition, leading to immediate, leading to immediate, leading to immediate, leading to immediate leading to indicate devents withing in death) LAS	tions, ediete (ring ury	a. A	SPIP DUE TO (OR DUE TO (OR DUE TO (OR	ATION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSE	DUENCE OF: CARCOUENCE OF:	PAE (GE	the mode astr heta meta	e. Proposed of dying, au	Aspesti	on St. rdlec or rea irati nal l	ion Inemonators:	lto, rrest, Pneu rrag is)	Approximate interval Betwoen and Damonia) ge
MEDICAL	Sequif ar cause CAU thet reau	ahock, or he condition withing in death) uentielly list condition, leading to immediate, leading to immediate, leading to immediate, leading to immediate leading to indicate devents withing in death) LAS	tions, ediete (ring ury	a. A	SPIP DUE TO (OR DUE TO (OR DUE TO (OR	ATION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSE	DUENCE OF: CARCOUENCE OF:	PAE (GE	the mode astr heta meta	e. Proposed of dying, au	Aspesti	on St. rdlec or rea irati nal le inoma	ion Inemonators:	lto, rrest, Pneu rrag is)	Approximate interval Betwonset and Damonia) Betwonset and Damonia) Amazon in a complete prior To complete prior To complete prior To complete prior of Com
MEDICAL	Seq if ar cause CAU thet reau	ahock, or he about, or he about, or he about, or he about of the about	tions, ediete ring ury	a. A	SPIP DUE TO (OR DUE TO (OR DUE TO (OR	ATION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSE	DUENCE OF: CARCOUENCE OF:	PAE (GE	the mode astr	E. Proportion of dying, au or A (o into stic stic stic style couse given in	Aspesti	irational h	ion Inemonators:	lto, rrest, Pneu rrag is)	Approximate interval Betwonset and Damonia) Betwonset and Damonia) Betwonset and Damonia) Betwonset and Damonia Damonia Damonia Damonia Betwonset and Damonia Damo
MEDICAL	Sequificant CAU thet resure PAR	ahock, or he condition withing in death) uentielly list condition, leading to immediate, leading to immediate, leading to immediate, leading to immediate leading to indicate devents withing in death) LAS	tions, ediete ring ury	a. A.	SPIR DUE TO (OR STRO DUE TO (OR STRO DUE TO (OR STRO DUE TO (OR STRO DUE TO (OR STRO DUE TO (OR	ATION AS A CONSECUTION OF	DUENCE OF) CAPLL COUENCE OF) CESUITING IN	t enter PAE (GE the unit	the model the model the model to the model t	e of dying, au or A (o interestic stic couse given in	Aspesti	rdlec or readirational had been made and had bee	ion Inemonators:	lto, rrest, Pneu rrag is)	Approximate interval Betw Onset and Damonia) Monial Damonia Damonial Damonia Damonia Damonia Damonia Damonia Damonia Damonia Dam
MEDICAL	Soquificant CAU thet resure PAR	ahock, or handle and the season of condition alting in death) uentielly list condition alting in death) uentielly list condition, leading to immedie. Enter UNDERLY SE (Disease or injuinitiated evental alting in deeth) LAS	tions, ediete ring ury	a. A. C. C. M. C. M. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. M. C. M. C. C. M. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M.	DUE TO (OR DUE TO (OR	ATION AS A CONSECUTION OF THE PROPERTY OF THE	DUENCE OF) CAPULOUENCE OF) Capulouence OF)	the unit	the mode astructure as	E. Pro of dying, au or A (o interpretation of the control of the	Aspesti	rdlec or readirational had been made and had bee	ion Inemorators	lto,	Approximate interval Betw Onset and Damonia) Monial Damonia Damonial Damonia Damonia Damonia Damonia Damonia Damonia Damonia Dam
PHYSICIAN: MEDICAL	Seq if ar cause CAUse Feature PAR	ahock, or handle and the season of condition alting in death) uentielly list condition alting in death) uentielly list condition, leeding to imme se. Enter UNDERLY SE (Disease or injuinitiated eventa alting in deeth) LAS	tions, ediete ring ury	a. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	SPIR DUE TO (OR STRO DUE TO (OR STRO DUE TO (OR STRO ASTA DUE TO (OR Ring to dec	ATION AS A CONSECUTION OF THE PROPERTY OF THE	DUENCE OF) CAPL COUENCE OF) CESUITING IN	the unit	the mode astraction astraction astraction astraction astraction astraction as a s	E. Pro of dying, au or A (o interpretation of the control of the	Aspesti	rdlec or readirational lecinoma 24a. WAS A PERFO	ion Inemorators	lto,	Approximate interval Betw Onset and Damonia) Monial Damonia Damonial Damonia Damonia Damonia Damonia Damonia Damonia Damonia Dam
BY PHYSICIAN: MEDICAL	Seq if ar cause CAU thet resure PAR	ahock, or heep and the property of the propert	tions, policie ring ury ST To MEDICAL	d. HOSPIT. 1 Media 28e. D	DUE TO (OR DUE TO (OR	ATION AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF) CAPLICATION COURNER OF) CAPLICATION COURNER OF) COURNER OF) COURNER OF) COURNER OF)	the unit	the model the model a str a str neta mati	E. Proposition of dying, au or A (o into stic couse given in ce of DEATN (c. 5 Residence Y AT	Aspesti	rdlec or readiration and he inoma 24a. WAS A PERFC 1 YES	ion Inemode atos:	Pneurragis)	Approximate interval Betwonset and Damonia) Betwonset and Damonia) Betwonset and Damonia) Betwonset and Damonia Damonia Damonia Damonia Betwonset and Damonia Damo
MPLETED BY PHYSICIAN: MEDICAL	Seq if ar cause CAU thet reau PAR 25. W 8 1 27. M 1 2 4 29s. 1	ahock, or in a shock, or in the shock, or in the shock, or in the shock of the shock only in the shock ond the shock on the shock on the shock on the shock on the shock o	tions, ediete lind ury st londing linearigation linearigation condition linearigation linearigation linearigation linearigation determined extifying PNY	d. HOSPITAL Inpetia 28e. D SICIAN: To the	AL: BIN 2 EN BINT 2 EN CLACE OF INJ LACE OF IM LA	ATION AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF) CACCOUENCE OF) CACCOUENCE OF) resulting in DOA 28b. Time in INJU me, farm, str	the unit	the model a str a str neta Meta Meta Meta Meta Meta Meta Meta M	E. Proposition of dying, au or A (o intensity of the stic of th	Aspesti Aspest	rdlec or reading to read the read of rate and the read of read the read of rea	ion Inemode atos: AN AUTOPSY ORMED? 2 NO NO SIND NUMBER OF THE PROPERTY OF	Pneurragis) 24 ccured aror Rural	Approximate interval Betwons and Damonia) Betwons and Damonia) Betwons and Damonia) Betwons and Damonia) Betwons and Damonia Betwo
MPLETED BY PHYSICIAN: MEDICAL	Seq if ar cause CAU there are an are are are are are are are are are are	ahock, or in a shock, or in the shock, or in the shock, or in the shock of the shock only in the shock ond the shock on the shock on the shock on the shock on the shock o	tions, policitions	c. Merical Contribution of the Contribution of	AL: BIN 2 EN BINT 2 EN CLACE OF INJ LACE OF IM LA	ATION AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF) CACCOUENCE OF) CACCOUENCE OF) resulting in DOA 28b. Time in INJU me, farm, str	the unit	the model the mo	E. Proposition of dying, au or A (o intensity of the stic of th	Aspesticar Car Car Car Car Car Car Car Car Car C	rdlec or reading to read the read of rate and the read of read the read of rea	ion Inemoderators: Autorial a	rrest, Pneu rrag is) 24 ccure er or Rural sted.	Approximate interval Betwonset and Damonia) b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
LETED BY PHYSICIAN: MEDICAL	Seq if ar cause CAU there are an are are are are are are are are are are	ahock, or handle and the season of condition alting in death) uentielly list condition alting in death) uentielly list condition, leeding to immediate. Enter UNDERLY SE (Disease or injuinitiated events alting in deeth) LAS IT II. Other algnification in death alting in deeth LAS IT II. Other algnification in deeth leeding in	tions, policitions	d. HOSPITI I I Inpette 28e. D. (A. SICIAN: To the baller	AL: BIN 2 EN BINT 2 EN CLACE OF INJ LACE OF IM LA	ATION AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF) CACCOUENCE OF) CACCOUENCE OF) resulting in DOA 28b. Time in INJU me, farm, str	the unit	the model the mo	E. Proposition of dying, au Or A (O into Stic Stic Stic Stic No Residence A A Resid	Aspesticar Car Car Car Car Car Car Car Car Car C	iratinoma 24a. WAS A PERF(1 YES CATION (Street y or Town, State susse(s) and m ts and place,	ion Inemoderators: Autorial a	rrest, Pneurras is) 24 ccuaed ared. ths csuse te signe	Approximate interval Betwonset and Damonia) B. Were Autopsy Find AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Route Number, (a) and manner as attack

9	
V	
2	
Q	
BOX	
	į
0	1
٧.	
P.0	
-	
S	1
Ö	
~	
<u> </u>	
RECORDS,	
()	
III	
~	
ITAL	
d	
>	
*	
o	۲
4	
-	μ
O.	ú
FT.	Ī
w.	
3	b

- 1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			JEIIIII.	<u>UAII</u>		DEATH	2. DA	REG. NO.			3. TIME OF DEATN
	SMYTH, MARY					15-		Me	17/11/91	W.	YEAR	14:15
	4. SOCIAL SECURITY NUMBER			lest birthday)	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mc	TE OF BIRTN onth, Day, Year)		Country)	PLACE (State or Fore
	164-14-3896 9a. FACILITY NAME (If not inetitution, give	1 M 2 K F	71	YRS.	Oh CIT	TOWAL O	OR LOCATION OF C		PT.5,192	_		YLAND
۲	ST. AGNES HOSP				96. COUNTY OF DEATH BALTIMORE						AIN	
5	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND B	ALTIMORE		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
	10e, STREET AND NUMBER	ALITMORE			WOODLAWN 101, ZIP, CODE						1 TYES 2 N	
FUNERAL	5926 CHARLES ST		101. ZIP CODE 21207							S.A.		
	11. MARITAL STATUS	EVER IN U.S.	ARMED	13.		ENGENT OF HISPA				4. RACE	A . RACE — American India Black, White, etc.	
8	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	OR DATES	X			ecify Cuban, Maxic 2 NO Spec		to Hican, atc.)		Specify	
ED	15. DECEDENT'S ED	UCATION	16a.	DECEDENT'S I	USUAL C	CCUPATIO	ON .	1	16b. KIND OF BUS	SINESS/INDITE	STRV	WILLE
	(Specify only highest grad Elementary/Secondary (0-12)		6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					TOP KIND OF BOO	•	Y		
킬	12TH GRADE			HOMEMAI	KER							
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (Fire	st, Middle, Maiden	Surname)		
NE C	THOMAS ECCLI						LIL		(UNKNOW			
2	19a. INFORMANT'S NAME (Type/Print) THOMAS SMYTH						and Number or Rura					
	204 METHOD OF DISPOSITION		20h Di -	028 CE ANO OATE						WEST		RGINIA 2
	1 ABuriel 2 Cremation 3 Re	moval from State		DLAWN (LTIMO		vii, Stata
	The second secon	ICENSEE /	1	4.	22	NAME A	ND ADDRESS OF F	ACILITY			KE	
	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229											
7	IMMEDIATE CAUSE /Final	-	on aach				de of dying, au					Interval Be
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. /	yns.		0		y umz					Interval Be
SATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	8. DUE TO (O	DR AS A CON	5116	<i>(</i>)							Interval Bet Onset and
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	8. DUE TO (O b. DUE TO (O c. OUE TO (O	OR AS A CON	ISEQUENCE OF); ;	ver	4 UMZ					Interval Be
EHIIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	8. DUE TO (O b. DUE TO (O c. OUE TO (O	OR AS A CON	SIVE ISEQUENCE OF); ;	ver	4 UMZ					Interval Be Onset and
SA L	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	8. DUE TO (O b. DUE TO (O c. OUE TO (O	OR AS A CON	SIVE SEQUENCE OF SEQUENCE OF); ; ;;	9 P	4 P.	P	A 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AUTOPSY RMED2	24b.	Interval Be Onset and San Autopsy Fin AMILABLE PRIOR T COMPLETION OF CA
SA P	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	8. DUE TO (O b. DUE TO (O c. OUE TO (O	OR AS A CON	SIVE SEQUENCE OF SEQUENCE OF); ; ;;	9 P	4 P.	P	(-130	AUTOPSY RMED2	24b.	WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CA
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	8. DUE TO (O b. DUE TO (O c. OUE TO (O	OR AS A CON	SIVE SEQUENCE OF SEQUENCE OF); ; ;;	9 P	4 P.	P	A 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AUTOPSY RMED2	24b.	WERE AUTOPSY FIN ANALIABLE PRIOR COMPLETION OF CO
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are conditionally as the condition of the condition of the cause of the condition of the cause of	B. DUE TO (O b. DUE TO (O c. OUE TO (O d. OST Ons contributing to de	OR AS A CON-	ISEQUENCE OF	n the u	O Anderlylin	g cause given in	n Part I	24a. WAS AN PERFOT	AUTOPSY RMED2	24b.	WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CA
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are sequenced to the conditions of	B. DUE TO (O b. DUE TO (O c. OUE TO (O d. OST Ons contributing to de TOSPITAL: 1 Impatient 2 1	OR AS A CON- OR AS	SIVE SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF	othe u	D AnderlyIn-	g cause given in	n Part I	24a. WAS AN PERFOT 1 U YES 2	I AUTOPSY RMED?	24b.	WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are supported by the conditions of the cause	DUE TO (O DUE TO (O	OF AS A CON OF AS A CON OF AS A CON OF AS A CON OF AS A CON OF AS A CON OF AS A CON OF AS A CON OF AS A CON OF AS A CON OF AS A CON OF AS A CON OF AS A CON	ISEQUENCE OF	OTHE U	26. PI	g cause given in	n Part I	24a. WAS AN PERFOT	I AUTOPSY RMED?	24b.	WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CA
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are supported by the conditions of	DUE TO (O DUE TO (O DUE TO (O OUE TO (O	OR AS A CON- OR AS	ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF	OTHE U	26. Pl R: raing Hom	g cause given in the substitute of Death (control of the substitute of the substitut	n Part I	24a. WAS AN PERFOT 1 U YES 2	I AUTOPSY RMED? NO	24b.	WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CA OF DEATN?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions and the conditions of the conditio	DUE TO (O DUE TO (O DUE TO (O OUE TO (O	OR AS A CON- OR AS	ISEQUENCE OF ISEQU	OTHE OTHER O	26. Pl PR: raing Hon 26c. INJ	g cause given in LACE OF DEATN (Come 5 Residence UNRY AT UNRY AT UNRY AT ONE a and place, and de	n Part I	24a. WAS AN PERFOR 1 VES 2 Wher (Specify) OESCRIBE HOW I	I AUTOPSY RMEO2* NO INJURY OCCI	24b. URED or Rural Ru	WERE AUTOPSY FINAMAILABLE PRIOR TO COMPLETION OF CO. OF DEATH? 1 YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions and the conditions of the conditio	DUE TO (O DUE TO (O	OR AS A CON- OR AS	ISEQUENCE OF ISEQU	OTHE OTHER O	26. Pl PR: raing Hon 26c. INJ	g cause given in LACE OF DEATN (Come 5 Residence UNRY AT UNRY AT UNRY AT ONE a and place, and de	n Part I Check only 28d. 28f. (24a. WAS AN PERFOR 1 VES 2 Wher (Specify) OESCRIBE HOW I	AUTOPSY RMEDZ NO INJURY OCCU and Number of	URED or Rural Ri	WERE AUTOPSY FIN AMILABLE PRIOR TO COMPLETION OF CA
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions and investigations are sequentially as a condition of the condition	DUE TO (O DUE TO (O	OR AS A CON- OR AS	ISEQUENCE OF ISEQU	OTHE OTHER O	26. Pl PR: raing Hon 26c. INJ	g cause given in LACE OF DEATN (Come 5 Residence JURY AT JRK? YES 2 NO	n Part I Check only 28d. 28f. (24a. WAS AN PERFOR 1 VES 2 Wher (Specify) OESCRIBE HOW I	AUTOPSY RMEDZ NO INJURY OCCU and Number of	URED or Rural Ri	WERE AUTOPS AMAILABLE PRI COMPLETION OF BEATN? 1 YES 2 [

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) SEP 1 3 1991

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	Immedial Amerithis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hours after death with the State Dept, of Health and Memtal Hygiene prior to burlal, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDING	FUNERAL DIMEGRUR After	I within 72 hours after death	HTANT: If Item 28 is ma
E P	TH CH	be file	IMPO

31. DATE FILED (Month, Day, Year)

3	1. DECEDENT'S NAME (First, Middle, Last) CHARLES WOOD	ROW SLATE	R, SR.							TE OF DEA	DAY	YEAR 1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER			nth, Day, Y		9. BIRT Coun	HPLACE (State or Foreign
1 3	178-12-4015	1 📉 M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURIS	MIN.			1919		TIMORE
	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DE							OUNTY OF DEATH	
O.	1035 MAIDEN CHOIC	CE LA., AP	T 3		BA	LTI	MORE						
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			I 40 - 017	TOWN!								
DIRECTOR		IMORE		10c. CIT	ARBUTUS								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1035 Maiden Choi	hoice Lane				21227					10g. C	U.S.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS EPARATEI 1 Never Merried 2 Marria 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 T	RMED NO	1 1	if yes, sp	CENDENT (secify Cubi 3 2 NO	n, Mexica	en, Puer		offy Yes or No-	14. RAC Blac Spe	CE — American Indian, ck, White, atc.
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		1	6b. KIND (OF BUSINESS/I	NDUSTRY	WHILE
COMPLETED	Elementary/Secondary (0-12) 9TH GRADE	College (1-4 or 5	Litter .	. Do NOT u			ost of work	ng	I	ITTL	E SIST	ERS (OF THE POOR
OM	17. FATHER'S NAME (First, Middle, Last)		1				16. MOT	HER'S NA	ME (Fire	t, Middle, M	Maiden Surname)	
E	GEORGE E. SLATER	1					A	LICE	FL	EEGE	R		
8	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street	and Numbe	r or Rural	Floute N	umber, City	or Town, State,	Zip Code)	
2	MARY E. MILLER			1035	MAI	DEN	CHOI	CE I	ANE	, AR	BUTUS,	MD.	21227
	20e. METHOO OF DISPOSITION	- Michael	20b, PLACE		_	_				_	loc. LOCATION		
- 4	N Buriel 2 Cremetion 3 Ren	noval from State	- Loudo	n Pa	rk C	emei	erv		9/	13	Balti	more	
	21. SIGNATURE OF FUNERAL SERVICE C	CENSES /	- 1 пода	711 1 0			ND ADDRE			13	Darer	more	
	· Gackie N	Skon	non	_							INC.	ND E	MD 21220
	23. PART 1. Enter the diseases, or	complications the	t caused the de	eath. Do									MD. 21229 Approximate
	shock, or heart feilure. iMMEDIATE CAUSE (Finel	List only one gar	ise on each line	8.							Touphatory .		interval Between Onset and Death
	disease or condition resulting in deeth)	a. Out	MOL	COLLENGE		/ «	-6-1	···		•		-	
7		, , , , , ,	(OR AS A CONSE	-									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSE	OUENCE O	Del	7	1	ic	h	00	uic	V	
3	cause. Enter UNDERLYING CAUSE (Disease or injury	C							_				
TE	that initiated events resulting in deeth) LAST	a	ON 35 A CONSE	16	20	Ce	10	De		2			
CEF		d											+
	PART II. Other algnificant condition	ns contributing to	death But not	reaulting	to the u	nderlyl 7/	ig cours	given in	Part i	1 '	PERFORMED? YES 2 ANO	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	much	7											
N: MEDICAL	mudit,	CON	Jan	se.	,		28. PLACE OF DEATH (1 NES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	Jan	se.	OTHE	R:	1						1 YES 2 NO
	EXAMINER? 1 VES 2 NO	1 Inpatient 2		-	4 □ Nu	R: rsing Ho	no 5/1		6 🗆 0	ther (Spec			1 125 2 110
PHYSICIAN:	EXAMINER? 1	1 Inpatient 2		28b. TII	4 □ Nu	R: rsing Ho 28c. IN W	1	laaldenca	6 🗆 0	ther (Spec	#y) HOW INJURY (DCCURED	1 1ES 2 NO
BY PHYSICIAN:	EXAMINER? 1	1 ☐ Inpatient 2 (28a. DATE Of (Month, i) 28a. PLACE (FINJURY	28b. TII	4 - Nu ME OF JURY M	R: rsing Hot 28c. IN W	JURY AT ORK?	laaldenca	6 🗆 0	ther (Spec	HOW INJURY		
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	1 □ Inpetient 2 (28s. DATE Of (Month, i) 28s. PLACE (building)	FINJURY Day, Year) OF INJURY — At h, atc. (Specify) If my knowledge, d	28b. Til IN ome, ferm,	4 □ Nu ME OF JURY M street, fac	R: rsing Hoi 28c. IN W 1 itory, offi	JURY AT ORK? YES 2	NO NO	6 🗆 0 28d. 28f. 1	OCATION Cause(a) a	(Street and Num a, State)	ber or Rura	

DR. RAFAEL H. MARIN - ST. AGNES MEDICAL CTR., - 3455 WILKENS AVENUE, BALTO., MD. 21229

32. REGISTRAR'S SIGNATURE has Davidson-Randall

		REGISTRAR		CERTIFI	CATE O	FDEATH		REG. NO.				
	- 3	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			TIME OF DEAT	Н
		Charles Ed	ward s	cheuerma	a n		0 9	1 1	199	AR 1	2:29	ъм
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH	100		ACE (State or Fo	_
	- 1	219-26-6931	1 □ M 2 □ F 5	3 YRS.	MONTHS DAYS	HOURS MIN.	.lan	18, 193	a i	Mary 1		·
3 should		9a. FACILITY NAME (If not institution, give	1 ~ ~		96. CITY, TOWN	OR LOCATION OF D		10, 153				
62 P2	Œ						EAIH	1	9c. COUNTY	OF DEAT	Н	
1, 2,	5	Francis Scott	Key Medica	L Cntr.	Balti	more						
Pages	DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY	TOWN OR LOC	ATION				10	d. INSIDE CITY	
S.	嵩	Maryland	Baltimore		Roseda	le					LIMITS?	
permit.	AL	10e. STREET AND NUMBER				Of, ZIP CODE			10g. CITIZEN		YES 2XX	NO
sit	ER	1500 Customs Road				21237					COUNTRY	
020 physician. burial-transit	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN ILE ABATES	40 1100 0				ISA	IACE American Indien,		
D2C obrysi	ETED BY	1 Never Married 2 XXMerried	FORCES? 1 XXES	2 NO	Il yea, s	CENDENT OF HISPA	an, Puarto R	? (Specify Yea o lcan, etc.)	or No 14.	RACE Black, W	American Indie hita, atc.	in,
O 2 2		3 Widowed 4 Divorced	Navy Peacetin	NE S	1 🗆 YE	S 2 XNO Specif	ly:		1.0	Specify:		
ttend te as		15. DECEDENT'S EDUCATION 156 DECEDENT'S USUAL OCCUPATION								hite		
- 6 -		(Specify only highest grade completed) [Give kind of work done during mo [Blementary/Secondary (0-12) College (1-4 or 5 +) [Ife. Do NOT use retired.)					100.	KIND OF BUSI	NESS/INDUST	HY		
		Q (0-12)	College (1-4 or 5 +)	Self-Employed				CI.	0			
AND he hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)			proyed		Qun Shop Owner NAME (First, Middle, Maiden Surname)					
YLA by the be det									urname)			
fained to should	H	Frank J. Scheuerman 19a. INFORMANT'S NAME (Type/Print)				Mabel Do						
MAR retained 5 should notified	임					and Number or Rural				(e)		
ay be		Mrs. Elaine N. Scheue	erman	1500 Cu	istons Ro	ad Balti	imore,	Marylan	<u>d 21237</u>			
CRIORI Bector, pa		20g. METHOD OF DISPOSITION 1 XBurial 2 Cremetion 3 Rem	oval from State	D. PLACE AND DATE OF	FDISPOSITION (Verne of	DATE	20c. LOCA	ATION - City	or Town,	State	
		4 Donation 5 Other (Specify)	Ga	netery, crematory or oth indens of Fa	ith Ceme	terv 9/	/14/91	Balt	imore 1	Mary]	and	
ALIIN death. Pag tuneral di i. examiner	1	21. SIGNATURE OF FUNDAAL BERVICE LI	CENSIE /		22. NAME /	AND ADDRESS OF FA	CILITY					
death tune tune		Malmol	VAIR		Loonan	d J. Ruck,	Inc. F	20E U2w	food Do	ad 24	21/	
after by the moval		23 PART i Enter the disease A	nomplication that	445 1 11 5	Leurai	u o. Ruck,	IIIC.	DOO HAI	TOTU RO	au Z	1214	
hours after the post of remover the medical	1	23. PART i. Enter the diseases of shock, or heert fellure.	List only one cause on e	ech iine.	or enter the m	ode of dying, aud	th ea card	ac or respira	itory arrest,		Approxima Intervei Be	
Pe on File		IMMEDIATE CAUSE (Finei disease or condition	(A).	~		1 .					Onaet and	
within ripletely cremati	1	resulting in death)	· Shots	m ad	on	shote	ACTA	sa.	200.	1962		
ompletel d. crema			DUE TO (OR AS	A CONSEQUENCE OF)	: /	shotc	mood	LOTA	The			
	Z	Sequentially list conditions	b									
UX 68 be execut sician and c rior to buri traumatic	ERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
ate the prior	2	cause, Enter UNDERLYING CAUSE (Disease or injury										
certificate ding physical control of the principle of the	1	that initiated events	4									
eath certi attending mal Hygie Y. or off	H	resulting in death) LAST	d									
that the death ed by the atten h and Mental H any injury, or	0	PART il Other significant condition	a contribution to death t									
y in	EDICAL	PART II. Other aignificent condition	is contributing to deeth t	out not resulting in	the underlying	ng cause given in	Part i.	24e, WAS AN AL PERFORM			RE AUTOPSY FIN	
signed by Health ar ws any	ă						_ !	1 STYES 2	NO	CO	MPLETION OF CA	
requires seen signe of Healt	Ä						- 1				OYES 2 N	0
AL ne ne law requ has been bept. of h							_			L.		
ATTENDING PHYSICIAN: The law required that the safe death with the State Dept. of 18 is marked, or 18 is marked, or 18 is shown that the state Dept. of 18 is marked, or 18 is shown that the state Dept. of 18 is marked, or 18 is shown that the state Dept. or 18 is marked, or 18 is shown that the state Dept. or 18 is marked, or 1	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF DEATH (Ch	eck only one					
SICIAN: The certificate h the State h	S	1 NO	HOSPITAL: 1 ☐ Inpetient 2 X ER/Out		OTHER:	ne 5 🗆 Residenca	8 C On	40				
SICIA Certif	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		JURY AT		RIBE HOW INJ	ILIBY OCCURS	n .		
ING PHYS fiter this ceath with marked		1 Netural 5 Pending	(Month, Day, Year)	INJUI	MA M	YES 2 NO						
ATTENDING ATTENDING ECTOR: After s after death	B	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY	91 111:4	44			ect s				
TTEND TTOR: Jaffer affer a		4 Strontcide 8 Could not be determined	building, atc. (Spe	cny)	aut, tactory, orn		City of	TION (Street and Town, State)			Number,	
D AT DEFECT OF STREET	<u> </u>	200 CERTIFIER	At busi				4921		air Ro	oad		
M(M)	릴	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my know	ledge, death occurred	at the time, dat	e end place, and due	to the caus	e(a) and manne	er an stated.			
W SE	COMPL	one) 2 MEDICAL EXAMINE	R: On the beals of examination	n and/or investigation,	, in my opinion,	death occured at the	time, deta s	nd place, and o	dua to the cau	use(a) and	d manner aa ete	rted.
THE STATE	0	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUN						_
TO THE COMPOSITION TO THE COMPOS	00	M	Non					['	29d. DATE SIG			
F F 9 =	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (See 5	Print	0.C.	ME.		09	12	1991	
		1 Ann. 01) and of the									
	Į.	31. DATE FILED (Month, Day, Year)	AN PROPERTY OF	111 Per	nn Str	eet, Ba	ltin	ore M	laryla	and	21201	
		0.75	32. REGISTRAR'S SIGN									
		SEP 1 3 1991	Julia Davidson	yandese								
			1.4		-							

TIME IT

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) ANN A		STASUS		2. D/ MC	2. DATE OF OEATH		ZEAR 3. TIME OF DEAT		
	4. SOCIAL SECURITY NUMBER 085-09-7091	1 (X) M 2 (F	88 YRS. MON		MIN. (M	TE OF BIRTH onth, Day, Year)	711	BIRTHPLACE (State or For Country) Ireland		
TOR	90. FACILITY NAME (If not institution, of Greater Laur RESIDENCE OF DECEDEN	el Hospita		Laurel	ON OF DEATH			of DEATH Ce George		
DIRECTOR	Maryland P			wn or location				10d. INSIDE CITY LIMITS? 1 YES 2 X		
FUNERAL	100 STREET AND NUMBER 14200 Laurel	Park Driv	9	10f. ZIP CODE 2 0 7 (10g. CITIZE	N OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 ND	13. WAS DECENDENT O If yes, specify Cuber 1 YES 2 XNO	n, Mexicen, Puer	GIN? (Specify Yee to Ricen, etc.)	or No — 14	Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondery (0-12)	EDUCATION rade completed) College (1-4 or 5+)	16s. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	one during most of working	9	16b. KIND OF BUSI	NESS/INDUS	White		
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Topics of the control of the						and the second second			
TO BE	Joseph Woods Flizabeth Heaney 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Finances 124 Seabury Lane Bowie MD 20715									
	Eileen Frances 124 Seabury Lane Bowie, MD 20715 20b. PLACE AND DATE OF DISPOSITION (Name of cameller) Cremetion of Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cameller) Cremeticry or other place) Charles Cemetery Pinelawn, NY									
	22. NAME AND ADDRESS OF FACILITY Ives—Pearson Funeral Home 2847 Wilson Blvd. Arlington,									
	23. PART I. Enter the diseases, shock, or heart failu iMM&DIATE CAUSE (Final disease or condition resulting in death)	a	n each line.	0000	ig, auch aa c	rdiac or reapire	etory arrea	Approxima Interval Ba Onsat and		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CE	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part of the contributions of the contribution					24e. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FIN AVAILABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:									
- 4	27. MANNER OF OEATH 1 Netural 5 Pending	ATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY WORK?				dence 6 Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not determined	be 28e. PLACE OF INJU	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)		261. LOCATION (Street and Number ps Rural Raute Number, City or Town, State)					
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PH	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(e) end manner se stated. MEDICAL EXAMINER: On the best of exemination and/or investigation, in my opinion, death occurred at the time, data end piece, and due to the cause(e) end manner se st								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER							E SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF		& (b)	Scon	S (k.	Ar.	etter a		
	31. DATE FRED (MONTED SEP 13	199 32. REGISTRAR'S SI	GNATURE GUYDSON-Randoll			- 7	CAL	M (-01 10		

transit permit. Pages 1, 2, 3 should

0

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Leal)		Schwantz			9 1991	8:00 M					
	4. SOCIAL SECURITY NUMBER 579 18 2860	8. SEX 6. AGE (In yrs. 1	O YRS. MONTHE	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF	May 4, 19	21 6	irthplace (State or Foreign ountry) North Dakota					
TOR	99. FACILITY NAME (If not institution, give of	Montgomery										
DIRECTOR	100. STATE 100. COUNTY Maryland Mont		10d. INSIDE CITY LIMITS? 1 1 YES 2 NO									
FUNERAL	10000 Brunswick	-	OF WHAT COUNTRY? United States									
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		3. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 X NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific N		14. RACE — American Indien, Bleck, White, etc. Specify: White						
COMPLETED	18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 years 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Resident Manager Apartment Com											
BE CON	17. FATHER'S NAME (First, Middle, Last) Peter Friedman 18. MOTHER'S NAME (First, Middle, Meiden Surreme) Ethel (unascertainable)											
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Phyllis A. Kessler 17321 Blossom View Drive, Olney, Maryland 20832											
20s. METHOD OF DISPOSITION 10 Burlet 2 Cremetion 3 Removed from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other piece) King David Memorial Garden Falls Church, V												
	21. SIGNATURE OF FUNERAL SERVICE LIC	C. Stottle	3 2	2. NAME AND ADDRESS OF TEIN HEBREW 32 CARROLL S	MEMORIAL F STREET, N.W	UNERAL ., WASH	HOME, Inc. INGTON, D.C.					
	23. PART I. Enter the diseases, or complications that caused the defin. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Diff Caudina and Death Onset and Death											
ERTIFICATION	Sequentially list conditions, if smy, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL CE	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □ NO											
	1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
PHYSICIAN:	25. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one)											
>	27. MANNER OF DEATH V Netural 8 Pending Investigation	280. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	28d. DEȘCRIBE HOW INJURY OCCURED						
TED B	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	end Number or R	tural Route Number,									
COMPLE	ane)	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.										
O BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	SNED (Month, Day, Year)										
7	30. NAME AND ADDRESS OF PERSON W	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)				1					

2 16mm 2

A S. VA P. II

irial-transit permit. Pages 1, 2, 3 should

	흎	\$	2	E
DIVISION OF VITAL RECORD	TO THE HOSPITAL, OR ATTENDING PRYSIQAN, The law mouries that the	TO THE FUNERAL DIRECTOR. After this contriction has been signed by the	anc	IMPORTANT: If Item 28 is marked, on tem 23 shows any inj
0	the S	ned	=	6
Ö	Hire	Sign	Hea	*
2	2	÷	i,	æ
٠,	r	2	ti	Z
a	100	ρĔ	ă	12
А	F	4	3	煴
₹7	ĕ	者	49	7
L.	3	4	ü	~
ō	£	ğ	€	pa
-	6		ã	£
ō	苦	豊	ž	E
×	麗	ë	ŭ	.22
2	E	R	я	28
≥	E.	문	g	E
	0	ň	2	윤
	M	MI	2	=
	SP	NEF	H	Ξ
	웃	5	¥	×
	뿦	Ψ	P	8
	10	TO	e fi	윷
	F	F	۵	=

BE

2

2	۵	
2	9	
8	52	
2	40	
-	S	
700	ğ	
PE	P	
908	5	43
63	ega ega	2
5	0	0
E	ă	60
8	골	100
-FE	윤	=
ē	40	9
3	82	- 63
1	Da	-
E	×	6/1
9	ğ	Ĕ
90	-	-
4	75	-
5	e	E
ge	2	2
10	P 16	_
를	2 6	20
Б	0 6	9
3	P 2	Ē
7	9 -	
2	y f	5
喜	ate E	-
'≨	of and	9
8	0 7	- 80
5	D O	2
96	and d	6
49	E T	5
9	13.12	5
Sag	£ 0	-
tif	d de	=
ë	E B	0
6	E H	5
ea	동물	\S
9	A Pe	3
£	20	=
hat	D D	5
52	の芸	G
H.	Se	3
2	Sec.	2
æ	8.5	Z
Э.	18 2	N
24		ĴΕ
4	13 /2	13
V.	哲士	£
OR ATTENDING PHYSIAM TE INVANIONS that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending pl	URECTOR when the prince has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the funeral many with the property and Megnai Ardiene prior to burial, cremation or removal	tem 28 is marked, on tem 23 shows any injuly, or other traumatic event, the medical examiner must be notified at once.
ξ	資量	8
6	5.5	\$
욧	욕원	É
9	4.6	
£	동원	00
E	5 76	64
1	8 8	E
0	0.2	- 25

91 24918 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Albertha Thomas 2. DATE OF OEATN 3. TIME OF OEATN 1 94 G19 ALBERTA THOMAS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7 DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2-F HOURS 10-05-16 74 YRS. 219-12-6785 S.C. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF OEATH DIRECTOR BALTIMORE City 5241 SAYBROOK ROAD RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD XX YES 2 NO BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21206 5241 SAYBROOK ROAD U.S.A. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, atc.) 3 Widowed 4 Divorced В 1 TYES 2 TO NO Specify: Specify: Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5 +) HOUSEKEEPING 6TH JOHN HOPKINS HOSPITAL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
LILLA OWENS GEORGE WATKINS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) (Turner 9 MAGGIE COOKE 113 CARVER RD/BALTIMORE, MD 21222 Station) 20s. METHOD OF DISPOSITION
1X Burlal 2 Cremation 3 Removal from State
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE CALVARY CEMETERY ANNE ARUNDEL CO, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21202 WM.C. MARCH F.H. 1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complicatione that ceueed the deeth. Be not enter the mode of dying, such ee cardiec or respiretory errest, Approximete shock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset end Death diseese or condition My 6 cardial infantion

UP TO FOR AS A CONSEQUENCE OF):

Correctly antry disease

UP TO FOR AS A CONSEQUENCE/OF):

Dia heter mullitur resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE/OF): If sny, leeding to immediate Dinbeter CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 Ø OOA 4 Nursing Home 8 Realdence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCUREO 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29s CERTIFIER

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 122620 9-12-91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9105 FRANKLIN 21237 SG. DR BATTMORE MD 82. REGISTRAR'S SIGNATURE OHMH-16 Rev 1/89

29b. SIGNATURE AND TITLE OF CERTIFIER

SFP

010/2

	y be retained by the hosp	sage 5 should be detached		be notified at once.	
	vurs after death. Page 6 m	in by the funeral director.	r removal.	redical examiner must	-
600.00	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached	be filed within 72 hours after death with the State Dept. of Heaith and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
100	ires that the death certifical	signed by the attending ph	lealth and Mental Hygiene	vs any injury, or other	
	PHYSICIAN: The law requi	this certificate has been s	with the State Dept. of H	ked, or item 23 show	
	PITAL DR ATTENDING P	ERAL DIRECTOR: After ti	n 72 hours after death v	T. If Item 28 is mari	
	TO THE HOS	TO THE FUNI	be filed within	IMPORTANT: If Item 2	

	1 - FOR STATE OF MA	RYLAND / DEPARTM CERTIFIC	IENT OF H	EALTH AND DEATH	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last) MARY KATHRYN	TENNEY			2. DATE OF DEATH		year 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 233-56-4285 1 □ M 2 X F	AGE (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) West Virginia		
TOR	99. FACILITY NAME (If not institution, give street and number) 5709 JAMESTOWN RESIDENCE OF DECEDENT			FLOCATION OF I	4		y of DEATH mee 6-eorge's		
DIRECTOR	100. STATE 100. COUNTY PRINCE GEOR		OWN OR LOCAT	SVILL	E		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	5709 JAMESTOWN K		404	ZIP CODE 20782			N OF WHAT COUNTRY?		
B⊀	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Sp								
E E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S USU (Give kind of work	AL OCCUPATIO	N It of working	16b. KIND OF BI	ISINESS/INDUS	nu G, re		
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 +)	IIIe. Do NOT use ret	ired.)	, or working					
WO	17. FATHER'S NAME (First, Middle, Last)	260	retary	16 MOTHER'S N	Busine AME (First, Middle, Maide)				
ш	Albert Ray Warner			Irene		sumeme)			
TO B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	PRESS (Street ar	nd Number or Rural	Route Number, City or To	vn, State, Zip Co	ode)		
-	Florence Tenney	2 G Jame	es Cour	et, Buck	hannon, W.	Va.	26201		
	20. METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF DI	SPOSITION (Name	ne of	DATE 20c. L	CATION - CIF	y or Town, State		
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FONEDIAL SERVICE LICENSEE	Hamp ton Chu	irch Ce	metery D ADDRESS OF F	Buc	khanno	on. W. Va.		
	· // //	1	Gary I	. Kaufm	an Funeral	Home			
	23. PART I. Enter the diseases of complications that co	Manager 1	5695 N	lain St.	Elkridge	. Md.	21227		
	IMMEDIATE CAUSE (Final	on each line.			on see cardisc or rasp	matory arres	Approximata interval Between Onset and Death		
ATION	Sequantially list conditions, If any, laading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):							
ERTIFICATION	CAUSE (Disesse or Injury C.	AS A CONSEQUENCE OF):							
CC	PART II. Other significant conditions contributing to date	ith but not resulting in th	a undarlying	Cause alven in	Part I. 24s. WAS AN				
MEDICA				vados given in	PERFO	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER? 1 X YES 2 NO HOSPITAL: 1 Inpatient 2 ER		HER:	CE OF DEATH (CA					
¥	27. MANNER OF DEATH 260. DATE OF INJU	JRY 285 TIME OF	26c, INJU	RY AT	6 Other (Specify) 26d. DESCRIBE HOW	NJURY OCCUP	RED		
ВУ	Natural 5 Pending (Month, Day)	INJURY	M 1 TY	K? S 2 NO					
	3 Suicide 6 Could not be determined 28e. PLACE OF IN building, etc.	JURY — At home, term, street, (Specify)	, lectory, office		261. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my medical examiner: On the basis of examiner.	knowledge, death occurred at institution end/or investigation, in	the time, date a	nd place, end due	to the cause(s) end ma	nner as stated.	euse(s) and menner as atated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	14 me dic	-	29c. LICENSE NUI	ABER	29d. DATE S	IGNED (Month, Day, Yeer)		
0	Standballed but	raaminder		001	877	► 9 -	10-91		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PAUL A. DEVARE MIS	DO3 QUALL	bury	Rel 1	Yyattu,		10 20781		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SEP 1 3 1991 Julia Davidson								

Jegg or g g gggs in Amilton my K

DOWN OR LOCATION OF DEAT Itimore City LOCATION Randallstown 104. ZIP CODE 21133 S DECENDENT OF HISPANIC see, specify Cuben, Mexicen, i YES 2 [XNO Specify: JPATION Ing most of working er 16. MOTHER'S NAME I. A DIVINOR OF DEATION THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL THE CONTROL OF THE CONTROL	ORIGIN? (Specify Year or No— 1. Puerio Ricen, etc.) 16b. KIND OF BUSINESS/INDUS Sewell P (First, Middle, Meiden Surneme) Ann Thomas to Number, City or Town, State, Zip Candallstown, Mark 20c. Location— cit 20c. Locati	ABIRTHPLACE (State or Foreign Country) Maryland Y OF DEATH imore City 10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? S.A. RACE - American Indian, Black STRY Lastics D 21133 Y OF TOWN, State 1, MD CS, Inc. OWN, MD 21133 t, Approximate interval Between
DOWN OR LOCATION OF DEAT Itimore City LOCATION Randallstown 101. ZIP CODE 21133 S DECENDENT OF HISPANIC sea, specify Cuben, Mexicen, i YES 2 [X NO Specify: JPATION Ing most of working er 16. MOTHER'S NAME I. A STreet and Number or Rural Rou mere Road R DN (Name of ETY ME AND ADDRESS OF FACIL Ting Byers Ft 8. Liberty Re	Month, Dey, Weer) 12-1-56 H 9c. COUNT Balt 10g. CITIZE U. ORIGIN? (Specify Yes or No— Puerlo Ricen, etc.) 16b. KIND OF BUSINESS/INDUS Sewell P (First, Middle, Meiden Surneme) Ann Thomas the Number, City or Town, State, Zip C Randallstown, M DATE 9/16 Woodlawi TTY LINETAL Director Oad Randallsto a cerdiac or reepiratory arres	Maryland Y OF DEATH imore City 10d. INSIDE CITY LIMITS? 1 YES 2 25 NO N OF WHAT COUNTRY? S.A. I. RACE — American Indian, Black, White, etc. Specify: Black STRY Lastics D 21133 Y Or Town, Steta 1, MD CS, Inc. DWn, MD 21133 t, Approximate interval Between
LITIMORE CITY LOCATION Randallstown 10f. ZIP CODE 21133 SDECENDENT OF HISPANIC es, specify Cuben, Mexicen, I YES 2 [X NO Specify: JPATION ng most of working er 16. MOTHER'S NAME I. A Treet and Number or Rural Rou mere Road R ON(Name of ETY) ME AND ADDRESS OF FACIL Ting Byers File 8. Liberty Re	Balt ORIGIN? (Specify Yes or No— 16b. KIND OF BUSINESS/INDUS Sewell P (First, Middle, Meiden Surneme) Ann Thomas to Number, City or Town, State, Zip C andallstown, M DATE 20c. LOCATION — Cit 9/16 Woodlawi Try uneral Director oad Randallsto a cerdiac or reepiratory arres	10d. INSIDE CITY LIMITE? 1 URS 2 M NO N OF WHAT COUNTRY? S.A. RACE — Americen Indian, Black, White, etc. Specify: Black STRY Lastics D 21133 y or Town, Steta n, MD cs, Inc. DWn, MD 21133 t, Approximate interval Between
LOCATION Randallstown 101. ZIP CODE 21133 S DECENDENT OF HISPANIC es, specify Cuben, Mexicen, I YES 2 [X NO Specify: JPATION non most of working er 16. MOTHER'S NAME I. A Street and Number or Rural Rou mere Road R DN/Name of Ery ME AND ADDRESS OF FACIL Ting Byers Fi 8. Liberty Re	ORIGIN7 (Specify Yes or No— 1- Puerio Ricen, etc.) 166. KIND OF BUSINESS/INDUS Sewell P (First, Middle, Meiden Surneme) Ann Thomas to Number, City or Town, State, Zip C Randallstown, M DATE 20c. LOCATION — Cit 9/16 Woodlawi Try uneral Director oad Randallsto a cerdiac or reepiratory arres	Ind. INSIDE CITY LIMITS? 1 VES 2 No N OF WHAT COUNTRY? S.A. Black American Indian, Black STRY Lastics D 21133 y or Town, Stata n, MD cs, Inc. DWn, MD 21133 t, Approximata interval Between
Randallstown 10f. ZIP CODE 21133 S DECENDENT OF HISPANIC See, specify Cuben, Mexicen, i JYES 2 [XNO Specify: JPATION Ing most of working er 16. MOTHER'S NAME I. A Street and Number or Rural Rou mere Road R DN(Name of ETY ME AND ADDRESS OF FACIL Ting Byers Ft 8. Liberty Re	ORIGIN7 (Specify Yes or No— 1- Puerio Ricen, etc.) 16b. KIND OF BUSINESS/INDUS Sewell P (First, Middle, Meiden Surneme) Ann Thomas to Number, City or Town, State, Zip C Randallstown, M DATE 20c. LOCATION — Cit 9/16 Woodlawi Try uneral Director oad Randallsto a cerdiac or reepiratory arres	LIMITE? 1 VES 2 NO N OF WHAT COUNTRY? S.A. RACE — American Indian, Black, White, etc. Specify: Black STRY Lastics D 21133 y or Town, Steta 1, MD CS, Inc. DWn, MD 21133 t, Approximata interval Between
21133 S DECENDENT OF HISPANIC se, specify Cuben, Mexicen, yes 2 [X NO Specify: JPATION ing most of working er 16. MOTHER'S NAME I. A Proved and Number or Rural Roo mere Road R DN/Name of cry ME AND ADDRESS OF FACIL Ting Byers Ft 8. Liberty Re	ORIGIN7 (Specify Yes or No— 1- Puerio Ricen, etc.) 16b. KIND OF BUSINESS/INDUS Sewell P (First, Middle, Meiden Surneme) Inn Thomas 16b Number, City or Town, State, Zip Candallstown, M DATE 20c. LOCATION — Cit 9/16 Woodlawi Try Ineral Director Oad Randallsto a cerdiac or reepiratory arres	S.A. I. RACE — American Indian, Black, White, etc. Specify: Black STRY Lastics D 21133 y or Town, State n, MD cs, Inc. DWn, MD 21133 t, Approximate interval Setween
S DECENDENT OF HISPANIC es, specify Cuben, Mexicen, I YES 2 [X NO Specify: JPATION ng most of working er 16. MOTHER'S NAME I. A treet end Number or Rural Rou mere Road R DN (Name of ETY ME AND ADDRESS OF FACIL Ting Byers Ft 2.8 Liberty Re	ORIGIN? (Specify Yes or No— 11- Puerlo Ricen, etc.) 16b. KIND OF BUSINESS/INDUS Sewell P (First, Middle, Meiden Surneme) Ann Thomas to Number, City or Town, State, Zip C Randallstown, M DATE 20c. LOCATION — CH 9/16 Woodlawi Try Lineral Director Oad Randallsto a cerdiac or reepiratory arres	ARACE — American Indian, Black, White, etc. Specify: Black STRY Lastics D 21133 y or Town, State n, MD Cs, Inc. DWn, MD 21133 t, Approximate interval Between
er JPATION ng most of working er 16. MOTHER'S NAME I. A Street and Number or Rural Rou mere Road R DN(Name of ery me AND ADDRESS OF FACIL ring Byers Ft 8. Liberty Re	Sewell P (First. Middle. Meiden Surneme) Inn Thomas to Number, City or Town, State, Zip C andallstown, M DATE 20c. LOCATION — CH 9/16 Woodlawn Try uneral Director a cerdiac or reepiratory arres	Black Specify: Black STRY lastics D 21133 y or Town, Stata n, MD cs, Inc. DWn, MD 21133 t, Approximata interval Setween
PATION Ing most of working er 16. MOTHER'S NAME I. A Street and Number or Rural Rou mere Road R ON(Name of ETY ME AND ADDRESS OF FACIL Ting Byers Ft 28 Liberty Re	Sewell P (First, Middle, Meiden Surneme) Ann Thomas to Number, City or Town, State, Zip C Andallstown, M DATE 20c. LOCATION — Cit 9/16 Woodlawn Try Uneral Director Dad Randallsto a cerdiac or reepiratory arres	lastics D 21133 y or Town, Steta n, MD cs, Inc. own, MD 21133 t, Approximata interval Setween
er 16. MOTHER'S NAME I. A Street and Number or Rural Rou mere Road R ON (Name of Ery ME AND ADDRESS OF FACIL Ting Byers Fi	Sewell P (First, Middle, Meiden Surneme) Ann Thomas to Number, City or Town, State, Zip C Andallstown, M DATE 20c. LOCATION — Cit 9/16 Woodlawn Try Uneral Director Dad Randallsto a cerdiac or reepiratory arres	lastics D 21133 y or Town, Steta n, MD cs, Inc. own, MD 21133 t, Approximata interval Setween
16. MOTHER'S NAME I. A Treet and Number or Rural Rou mere Road R ON (Name of ETY ME AND ADDRESS OF FACIL Ting Byers Ft 28 Liberty Re	(First, Middle, Meiden Surneme) Ann Thomas Thomas Andallstown, Mandallstown, Mare 20c. Location – cm 9/16 Woodlawn Try Uneral Director Oad Randallsto Talendary arres	D 21133 y or Town, Steta n, MD cs, Inc. own, MD 21133 t, Approximata interval Setween
I. A treet and Number or Rural Root mere Road R ON (Name of try ME AND ADDRESS OF FACIL Ting Byers Ft 8 Liberty Re	to Number, City or Town, State, Zip Co. Andallstown, M. DATE 20c. LOCATION — Cit 9/16 Woodlawn Try Uneral Director Oad Randallsto a cerdiac or reepiratory arres	D 21133 y or Town, Steta n, MD cs, Inc. own, MD 21133 t, Approximata interval Setween
mere Road R PON(Name of ETY ME AND ADDRESS OF FACIL Ting Byers Ft R Liberty Re	te Number, City or Town, State, Zip C. Randallstown, M DATE 20c. LOCATION — CH 9/16 Woodlawn Try Ineral Director Odd Randallsto a cerdiac or reepiratory arres	D 21133 y or Town, Steta n, MD cs, Inc. own, MD 21133 t, Approximata interval Setween
mere Road R PN(Name of PTY ME AND ADDRESS OF FACIL Ting Byers Ft 28 Liberty Re	DATE 20c. LOCATION — CH 9/16 Woodlawn Uneral Director Dad Randallstor La cerdiac or reepiratory arres	D 21133 y or Town, Steta n, MD cs, Inc. own, MD 21133 t, Approximata interval Setween
ery Me AND ADDRESS OF FACILITY Ting Byers Full 8 Liberty Re	9/16 Woodlawn neral Director a cerdiac or reepiratory arres	y or Town, Stata 1, MD CS, Inc. DWN, MD 21133 t, Approximata interval Between
ery ME AND ADDRESS OF FACIL Ting Byers Fo 8 Liberty Ro	9/16 Woodlawn uneral Director oad Randallsto a cerdiac or reepiratory arree	rs, Inc. own, MD 21133 t, Approximate interval Between
me and address of facilities Byers Files & Liberty Re	uneral Director oad Randallsto a cerdiac or reepiratory arree	cs, Inc. own, MD 21133 t, Approximate interval Setween
8 Liberty Re	pad Randallsto a cerdiac or reepiratory arree	t, Approximata interval Between
e mode of dying, auch s	a cerdiac or reepiratory arres	t, Approximata interval Between
mphoma	HUIOIMMUN	
riying cause given in Pa	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
		1 TYES 2 NO
c. INJURY AT 26		RED
YES 2 NO		
office 26	St. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
date end place, and due to t	the cause(s) and menner as stated.	
orr, bearing occurred at the nin-		
		GNED (Month, Day, Year)
29c. LICENSE NUMBE	145 101	1 1 7 1
266 1 1 Dry,	ting Home 5 Realdence 6 26c. INJURY AT WORK? 1 YES 2 NO Dry, office 26 me, date end place, and due to 1 plnion, death occured at the tim 29c. LICENSE NUMBE	26. PLACE OF DEATH (Check only one) 1: ling Home 5 Realdence 6 Other (Specify) 26c. INJURY AT

etair	Sh		1
2	ge 5		9
nay	pa '		4
9	Ctol		Ë
200	dire		-
45	Peral		튵
dea	Į,		exa
after	th (000	Ęg.
13	in D	ren	9
8	pell	, 0	E
22	ly fi	atio	Ē
THE STATE OF	plete	rea	el j
pa	EO.	a,	Ş
Becu	P.	DIN	afic
8	an a	2	E
te b	slci	DI10	E
tifica	P D	ene	the
Se	gin	Š	0 1
eath	atte	ıta	y, 0
9	the	Me	흗
lat t	P.	and	IJ /
# SE	3ned	atth	18 3
quin	n Si	운	W.
× G	bee	0.0	ts S
9	has	De	12
E	cate	state	iten
CIAN	ertifi	the	6
13S	is c	#	ed,
6.	er th	ě	Jark
S	Att	dea	8
EN	TOR	after	28
AA	IREC	MLS	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shr	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notif
SPIT	JERA	Jin 7	=
호	Ş	WILL	É
星	품	Fled	6
2	2	90	Ξ

+	1 - STATE STATE OF MARYLAND / DEPARTMENT OF REGISTRAR CERTIFICATE OF		ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Celia, Vandermast	2	2. DATE OF DEATH MONTH DA	Y Q'EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YE		7. DATE OF BIRTH (Month, Qay, Year)	8. BIRTH Countr	IPLACE (State or Foreign
	218-50-5093 1 M 2 XF 100 YRS.		06/08/9		Maryland
IOR		n or location of deat	MT	Balta	more
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS?
	Md. Baltimore	ESSEX		10g. CITIZEN OF V	1 YES 2 NO
FUNERAL	2244 Vandermast Lane	2122	1	US	
BY FUN	1 Shever Merried 2 Merried FORCES? 1 YES 2 NO If yes	DECENDENT OF HISPANIC , specify Cuben, Mexicen, tyes 2, NO Specify:		or No— 14. RACI Bleck Speci	E—American Indien, k, White, etc. My: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		16b. KIND OF BUS	INESS/INDUSTRY	
MPL	4yrs Teache	r			
BE COI	17. FATHER'S NAME (First, Middle), Linst) Arnold Vandermast		E (First, Middle, Maiden irie ===		
TO B	19a. INFORMANT'S NAME (Type/Print) Ernest Vandermast 87 Hadlo	eet and Number or Rural Ro. ck Road F			04105
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Removat from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of MeadOwridge)			CATION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAM	e and address of facil nellyFune		300MAce	Ave.21221
	23. PART I. Enter the disease, pr complications that caused the deeth. Do not enter the abook, or heart failure. List only one cause on each line.	mode of dying, auch	ea cerdiec Dr reapi	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	disea	re		Onset and Deeth
	resulting in death) e. Due to (on as a consequence or):	watturii.	0.1		
NO	Sequentially list conditions, If any, leading to immediate	Juma	T.		1
-iCA	CAUSE (Disease or Injury	ion ·			
CERTIFICATION	that initiated eventa resulting in death) LAST				
AL C	PART II. Other algnificent conditions contributing to deeth but not resulting in the under	lying cause given in Pa	art I. 24s. WAS AN		o. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC/			1 YES 2		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC		·	-		1 YES 2 NO
S	CVAMMIED?	6. PLACE OF DEATH (Check	k only one)		
1X	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Mursing	Home 5 Residence 8	Other (Specify) 28d. DESCRIBE HOW I	N III INV OCCUPED	
BY PH	(Month, Day, Year) INJURY	WORK?	zou. DESCRIBE HOW I	NJOH! OCCURED	
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)	office 2	28f. LOCATION (Street of City or Town, State)	and Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN; To the best of my knowledge, death occurred at the time, one)	date and place, end due to	o the cause(e) end me	nner ee stated.	
	2 MEDICAL EXAMINER: On the passe of examination and/or investigation, in my opini				
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER	Daa65		DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 5601 LOCHRAVEN BLV)	BALTIMI	ORE M	D 212	239.
	31. DATE TIEB (Mapin, Day, Your) 32. REGISTRAR'S SIGNATURE Suna Davidson Bandone				

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

\sim	
0	
80	
O,	
ď	
- 10	ı
RIGS	
	۹
Œ.	
P	١
u	۲.
ш	
œ,	d
3	
A	ij
\vdash	j
5	3
	The same of the same
OF	1
0	i
Z	- (

	1. DECEDENT'S NAME (First, Middle, Last JULIA W. WOL	•			*		2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	nt birthday) II	UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF E	em ber		9) 03.35 IPLACE (State or Foreign
	217-20-4105	1 🗆 M 2 📭 F	89		NTHS DAY		FEB. 22	y, Year)	Countr	TIMORE, MD
_	9a. FACILITY NAME (If not institution, give	street and number)		9	L CITY, TOV	N OR LOCATION OF	DEATH	7	UNTY OF D	
DIRECTOR	Peninsula Genera	1 Hospital	1		Sal	isbury, M	D		Wico	mico
IREC	10a. STATE 10b. COUN				OWN OR LO					10d. INSIDE CITY
	MARYLAND 100. STREET AND NUMBER	ANNE ARU	INDEL	GLI	EN BU					1 - YES 2 X NO
ERA	447 GLENDALE A	VENUE				21061				VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT	YES 2 X	MED	If yes	DECENDENT OF NISPA specify Cuben, Mexic (ES 2 NO Spec	cen, Puarto Ricar	pecify Yes or No-	Black	— American Indien, t, White, etc.
	15. DECEDENT'S ED	UCATION	16a, DE	CEDENT'S US	JAL OCCUP	ATION	16b KIN	D OF BUSINESS/IN		WHITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 6TH GRADE	College (1-4 or 5+)	(G life.	he kind of work Do NOT use re	done during tired.)	most of working	TOOL KING	D OF BOSINESS/IP	IDOSTRY	
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle	a, Maiden Sumame)		
88	DANIEL EDWARD 190. INFORMANT'S NAME (Type/Print)	SMITH						cCULLOUC		
임	EDWARD D. WOLF					et and Number or Rura				1061
	20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremetion 3 Ref	novel from State	20b. PLACE	AND DATE OF D	ISPOSITION	AVENUE,	DATE	20c. LOCATION -		
	4 Donation 5 Other (Specify)		WOODL	AWN CE			9/14	BALTIN	ORE	
	21. SIONATURE OF FUNERAL SERVICE L		1.			AND ADDRESS OF F		TNC.		
	23. PART I. Enter the diseases, or	2. tiss	0. 6		4107	WILKENS A	AVENUE.	BALTIMOR	E, M	21229
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING	b	OR AS A CONSECUTION ASCUTION AS A CONSEC	ne		Pares				Interval Betwee
CERTIFIC	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	c	OR AS A CONSEC	OUENCE OF):						
- 11	PART II. Other aignificant condition	na contributing to d	laath but not n	eaulting in t	na undarly	ing causa given in	Part I. 24a.	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDING
MEDICAL							10	PERFORMED? YES 2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W							_			1 TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	hack ante anni			
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		HER:	ome 5 - Residence		na/fv)		
ВУ РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	r, Year)	28b, TIME OF	28c.	NJURY AT WORK? YES 2 NO		E NOW INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF building, at	INJURY — At hor ic. (Specify)	ne, ferm, atree	t, tectory, of	fica	28f. LOCATION City or Tox	(Street and Numbern, State)	r or Rural Ru	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the best of m	ny knowledge, des mination and/or is	ith occurred at	the fime, d	ite and place, and du	n to the cause(s)	end menner as ata	ited.	and manner as stated,
H H	29b. SIGNATURE AND TITLE OF CERTIFIE	8				29c. LICENSE NU				Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE		OF DEATH (ITEM	27) (Type, Prin		104	134	•	1/19	///
	Wm. Robins	Civic	al Rt	50		sbury	met	21801	/	
	SFP 1 3 1991	Julia Davidson	~ Randell	-		0				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

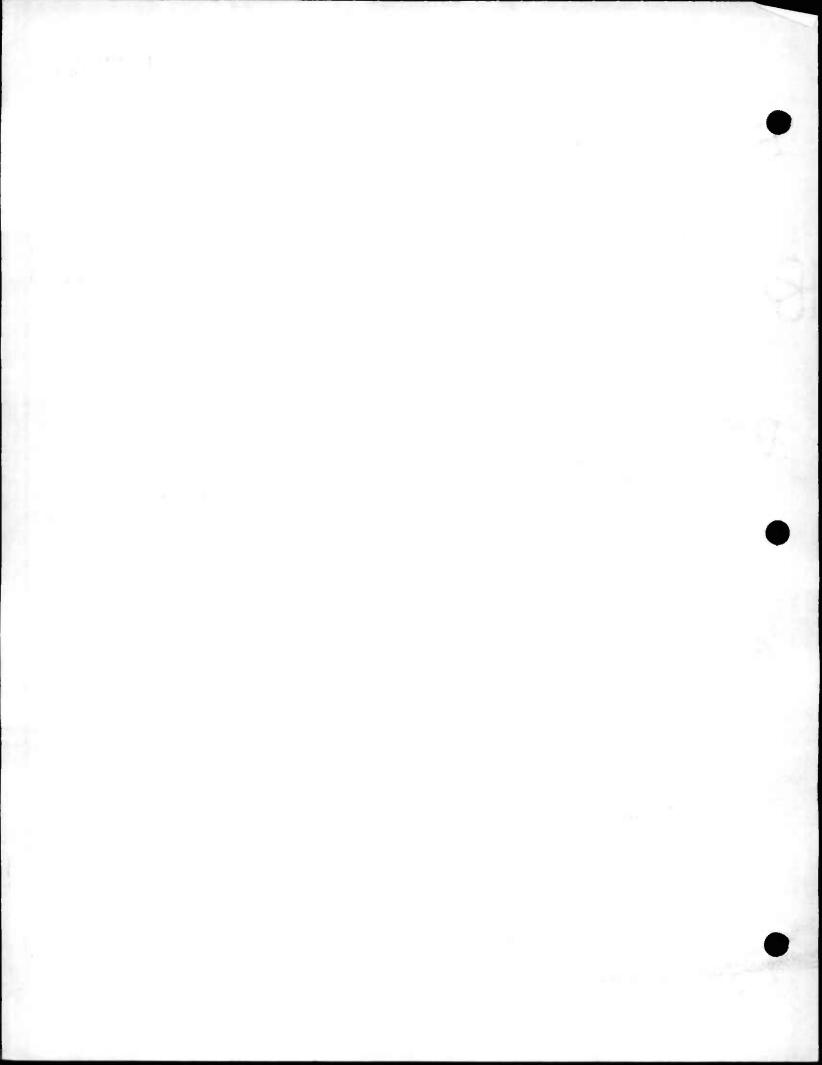
Dellipia	should i		pelified
2	90		9
dy	pa		4
	10r.		911
200	lirec		5
Z.	le d		949
E E	in a		8
8	e fr	-	-
2	E	1000	100
50	5	Tiell Tiell	Mar.
Š	B	ŏ	-
5	ŧ	00	3
E	lely	mat	
E M	ple	Crei	1
8	204	ਰੰ	1
ਨੂ	b	Puri	460
8	B 2	2	-
8	중	ĕ	j
8	Æ	0	i
Ē.	ä	ã	4
8	Œ		
di	申	Œ	
ſ	を開	Š	1
がおが	200		-
1. 电影场。	\$1.00 Page 10.00	The same of	1
THE REAL PROPERTY.	4-10 March	A STATE OF THE PARTY OF THE PAR	1
THE REAL PROPERTY.	おのから 前が 日本の日	Heart of Manager	1
The Ridge of the Party	sen stored the man	of Hearth and Market by	1
THE WAR THROUGH AND	S been stored to the seek	ept. of Heart, and Maray Pri	1
he law requires programmed he	has been signed to the man	e Dept. of Heart and Assault	- Total
V: The law requires with the law	cate has been signed to the man	State Dept. of Heart, all Marks Hy	
CIAN: The law returns and a second	ertificate has been sored to the same	the State Dept. of Heart, and Market His	The same of the sa
YSICIAN: The law returns programme	s certificate has been signed to the barner	ith the State Dept. of Hearth and Market and His	The same of the sa
PHYSICIAN: The law returns programmed	this certificate has been sorted to the trans-	h with the State Dept. or Heart, and All State	The same of the sa
ING PHYSICIAN: The law returns programme	(fler this certificate has been sorted the trans-	leath with the State Dept. of Heart, Market and Heart	The same of the sa
ENDING PHYSICIAN: The law returns per print	R: After this certificate has been sorted the trans-	er death with the State Dept. or Heart, all the said of	The same of the sa
ITTENDING PHYSICIAN: The law returns person and	CTOR: After this certificate has been sorted to the same	after death with the State Dept. of Heart, and Maria His	1
OR ATTENDING PHYSICIAN: The law returns providing the law	NRECTOR: After this certificate has been sorted the trans-	ours after death with the State Dept. or Heart, Market A.	1
L OR ATTENDING PHYSICIAN: The law returns programmed to the law returns to the law return	L DIRECTOR: After this certificate has been sorted the trans-	2 hours after death with the State Dept. of Heart, and All All All	
PITAL OR ATTENDING PHYSICIAN: The law inquires provide the law	FRAL DIRECTOR: After this certificate has been sorted in the same	n 72 hours after death with the State Dept. or Heart, 1971 and 1971	1
ACSPITAL OR ATTENDING PHYSICIAN: The law returns programmed to the law returns to the law	LINEBAL DIRECTOR: After this certificate has been sorted to be a second to be a s	rithin 72 hours after death with the State Depr. or Heart, 1974 and 1974	
IE HOSPITAL OR ATTENDING PHYSICIAN: The law retuins programme	HE FLINERAL DIRECTOR: After this certificate has been gorden in the annual	within 72 hours after death with the State Dept. or Heart after a Miles An	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law injuries program in the law injuries program injuries program in the law injuries program injurie	TO THE FINERAL DIRECTOR: After this certificate has been appeared to the continuation of completely filled in by the funeral director, page 5 should	flied within 72 hours after death with the State Depr. or Heart, Williams A.	and the market and th

31. DATE FILED (Month, Day, Year) SEP 16 1991

32 REGISTRAP'S SIGNATURE Julia Davidson-Randall

death. Page 6 may be retained by the hospital or attending physician. e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION IMPORTANT: If Item 28 is marked, or item 23 shows and the or other

FOR 1 - STATE REGISTRAR		STATE OF !	MARYLA	AND / I	DEPART	MENT (OF H	EALTH DE A1	AND	MEN'	TAL HYGIENI REG. NO.		1	24923
1. DECEDENT'S NAME (First, MA)		Willi	im Ph	1			<u> </u>	DLA		MC	ATE OF DEATH		YEAR	3. TIME OF DEATH 4 5 M
4. 69CH SECHTIS SUMBER	,	5. SEX		n yrs. lest		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.			1902	8. BIRTH Count	
96. FAGILITY, NAME (II not institution give street and number) 96. FAGILITY, NAME (II not institution give street and number) 96. FAGILITY, NAME (II not institution give street and number) 96. COUNTY OF DEATH Cambridge, MD Dorcheste Cambridge, IND 21613 Dorcheste								DEATH						
RESIDENCE OF DECEL	DENT		CE	NYER				-	in	00	21613	60	RCH	
Maryland 10	Ta]	lbot				TOWN OR East		TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER Dutchm	an La	ane					101	, ZIP COD	E			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce	rried	12. WAS DECEDED FORCES? IF YES, GIVE 1	YES	2 XN	MED O	Pf y	yes, sp		n, Mexic	en, Pue	IGIN? (Specify Yes rto Rican, etc.)	or No-		S.A. E.— American Indian, ik, White, etc. WHITE
15. DECEDI (Specify only his	ENT'S EDUC	CATION completed)		(Gh	EDENT'S U	vrk done du	UPATIO	ON ost of world	ng		16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12))	College (1-4 or 5	+)		o NOT use State		ant	ment			ĬΪ	S G	OVOR	ment
17. FATHER'S NAME (First, Middle	le, Last)				70400	БОРС		V	HER'S N	AME (Fi	rst, Middle, Malden		OVET	merro
William D	anie]	Auman									Markel			
19a. INFORMANT'S NAME (Type				19b.							Number, City or Tow			
M. Callaha			20b	, PLACE (DE DISPOSI									and 21801 fown, State
N Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sc. 21. SIGNATURE OF SORERAL, 9	pecify)			other ple	,	byte	ria	an Ce	emet	ery	Ale	exand	lria	, Virginia
b John (C -	Ruer	ly			22. N	E	verly	r-Wh	eat	ley Fune			
23. PART Enter the disease or condition resulting in death)	rt fallure.	List only one ca	Logo on o	ach line.		Ac	he mo	ode of dy	ing, su	ch aa				Approximata Interval Between Onset and Death
Sequenticity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST														
PART II. Other algnificant	condition	na contributing t	o deeth b	out not n	esulting l	n the und	lerlylr	ng ceuse	given i	n Part	I. 24a. WAS AN PERFOI	AMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO I	MEDICAL	110001711						PLACE OF	DEATH (C	check or	nly one)			
1 YES 2 NO		HOSPITAL:		patient 3	□ DOA		ng Ho		lesidence	-	Other (Specify)			
27. MANNER OF OEATH 1 Netural 5 Pe 2 Accident Im	inding restigation	28a. DATE C (Month,	F INJURY Day, Year)		20b. TIME		W	JURY AT ORK? YES 2	□ NO	28d	. DEŞCRIBE HOW	INJURY O	CCURED	
3 Suicide 6 Co	ould not be termined	28e. PLACE building	OF INJURY I, etc. (Spe	/ — Al ho	me, ferm, si	treet, facto	ry, offi	Ice		281.	LOCATION (Street City or Town, State		er or Rural	Route Number,
CONSTRUCTION CONTROL		ER: On the basis of												o(a) and menner as stated.
100 SIGNATURE AND STILE O	HE CHECKER	Pelen	5	w>				29c, Life	26	UMBER 3	- 0 -	29d. DA	9-	ED (Month, Day, Year)
30. HAME AND ADDRESS OF	PERSON WI	HO COMPLETED CA	USE OF DI	EATH (ITE	М 27) (Туре,	Print)								



TO THE HOSPITAL, CHATTO TO THE FUNERAL DIFFERENCE DIFFERENCE DIFFERENCE TO THE POPTIANT: If Ican

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, A	Richard	Norman	rman Arnold Sr. ARNOLD					2. DATE OF DEATH MONTH DAY YEAR 11.45 A				
	4. SOCIAL SECURITY NUMBE	aro	5. SEX	6. AGE (In yrs. la	st birthday)	F UNDER 1 YE		IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	RTH	8. EN	RTHPLACE untry)	(State or Foreign
	215 05 772		12 M 2 🗆 F	+	YRS.		YS	HOURS MIN.	3/1/1	913		Mary.	land
_	90. FACILITY NAME (If not inst Harbor Ho					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O						F DEATH	_
ğ	RESIDENCE OF DECE		1 center			Baltimore City ====							=
띭	10e. STATE	10b. COUNTY				TOWN OR L		ON				10d. I	NSIOE CITY
ā	Maryland	===			Baltimore						1 X YES 2 NO		
RAL	1812 Wesph	1 D1	3.00				10f.	21230		101	U.S.		OUNTRY?
FUNERAL DIRECTOR	1012 Wespi		12. WAS DECEDENT	EVER IN U.S. AI	RMED	13. WAS	DECE	ENDENT OF HISPAN	C ORIGIN? (Spi	cify Yea or N			nerican Indien.
	1 Never Married 2 🔀 M		FORCES? 1 [YES 2 X		If ye	s, spe	city Cuben, Mexican 2 NO Specify:	, Puarto Ricen,		В	lack, White pacify:	e, etc.
BY	3 Widowed 4 Divorce		11										White
	(Specify only	DENT'S EDUC	completed)	(0	ECEDENT'S U Bive kind of wo a. Do NOT use	rk done durin			16b. KIND	OF BUSINES	SS/INDUSTR	Υ	
COMPLETED	Elementary/Secondary (0-1	(2)	College (1-4 or 5+)		hip Fi	The state of the s			Be	thleh	em St	ee1	
Š	17. FATHER'S NAME (First, Mid	Idle, Last)						18. MOTHER'S NAM	AE (First, Middle,	Maiden Surni	ame)		
BE (Benjamin F. Arn							Clak	- 4				
0	19a. INFORMANT'S NAME (Type/Print) Richard Arnold Jr.							nd Number or Rural R					1-m3 0110
	20m. METHOD OF OISPOSITIO		1.	20b. PLACE				Ridge C		20c. LOCATIO		_	land 2112
	1 Buriel 2 ☐ Cremetion Donation 8 ☐ Other (8)	3 - Remo	rval from State	other p	r Hill				1	Baltin			
	21. SIGNATURE OF UNERAL	SERVICE LIC	ENSEE	2.	22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral						Homo	D 7\	
	Muko	nel		M	7			Ritchie					21225
	23. PART I. Enter the dis		omplications that list only one cour				_						Approximate interval Batween
	IMMEDIATE CAUSE (Fins disease or condition					1		~11	1	2			Onset and Death
	disease or condition a. Septic Shock Etiology -? Due to (or as a consequence of):												
z													
E	Sequentially list condition if any, leading to immed	late	DUE TO	OR AS A CONSE	OUENCE OF)	:							
2	CAUSE (Disease or Injur		DUE TO	OR AS A CONSE	EQUENCE OF):						-		
FE	that initiated events resulting in death) LAST				SECUENCE OF J.								
MEDICAL CERTIFICATION	PART II. Other significan	nt condition	s contributing to	death but not	resulting in	the unde	rivino	cause given in	Part 1 24a	WAS AN AUT	mesy	24h WERE	AUTOPSY FINOINGS
CAL			· ` ` ` 1		, -			(6X		PERFORMED	0?	AVAIL.	ABLE PRIOR TO PLETION OF CAUSE
ED		100							_ '`) TES 2 []	NO		YES 2 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSBITAL:			OTHER:	26. PL	ACE OF DEATH (Che	eck only one)				
IXSI	1 VES 2 NO		1 Inputient 2 28e. DATE OF			4 - Nursing		e 5 ☐ Residence	8 Other (Spe 28d. OESCRIB	**	BY OCCUPE		
P	Netural 5 🗆 F	Pending	(Month, De		MJU	RY	WO	RK? YES 2 NO	zou. Octomb	E HOW INSO	ni occone		
	a Classica	ould not be		F INJURY — At P	ome, farm, st	reet, factory,	office		28f. LOCATION City or Tox	(Street end I	Number or Ru	iral Route N	lumber,
E		letermined	bulluling,	etc. (opecity)					City or ion	vii, State)			
COMPLETED	Orietta tringe	FYING PHYSI	CIAN: To the best of	my knowledge, o	feath occurred	f at the time	, date	and place, end due	to the cause(e)	end manner	ee stated.		
SON	one) 2 MEDIO	CAL EXAMINE	R: On the basis of ex	emination end/o	r Investigation	, in my opin	lon, d	eath occured at the	time, date and	place, and du	ue to the cau	se(a) and	manner ee stated.
BE (29b. SIGNATURE AND TITLE	OF CERTIFIER	611	2/15-	CT.	1 1		29c. LICENSE NUN	ABER CTA-	29	d. DATE SIG	NEO (Monti	h, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type	Print)		House	3141		91	141	91
	M. Pate	1	3001				2	TREE	TR	Boilt-	mi	0 0	1530
	31. DAGE FILED (MentingDoy,	do1		R'S SIGNATURE		-					. ,		1 50
	7/4 / 2 /	4471	June David	bon-Rano	WELL.								
			and the same of th										DHMH-18 Rev 1/89

ASSY1 12

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEN				
		DECEDENT'S NAME (First, Middle, Last) JOSEPH	Alber		BROOKS		2. OATE OF DEATH	DAY Y	3. TIME OF DEATH 1 4:18 P. M		
19		4. SOCIAL SECURITY NUMBER 218-46-7984	1X M 2 🗆 F 46	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
. 2, 3 should	ECTOR	99. FACILITY NAME (If not institution, give 1006 BAYLISS S RESIDENCE OF DECEDENT				OR LOCATION OF D	DEATH	9c. COUNTY	OF DEATH		
permit. Pages 1,	DIREC	10e. STATE 10b. COUNT	γ		y, town or local				10d, INSIDE CITY LIMITS? 1 1 YES 2 NO		
E	FUNERAL	1006 South Bayl	is Street		10	21224		U.S.	N OF WHAT COUNTRY?		
	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	CENDENT OF HISPA pecify Cuben, Mexic 3 2 NO Speci	ANIC ORIGIN? (Specify Yesen, Puerto Ricen, etc.)	e or No.— 14.	. RACE — American Indian, Black, White, etc. Specify: White		
VD 2121	COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elementery/Secondary (0-12)	JCATION a completed) College (1-4 or 5+)	160. DECEDENT'S (Give kind of the Do NOT us Unempl		ON ost of working	16b. KINO OF BU	SINESS/INOUS	TRY		
MARYLAND strained by the hospital 5 should be detached it notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Last) George Brooks				Edna	AME (First, Middle, Maiden Smith				
_ @ @	10	190. INFORMANT'S NAME (Type/Print) Edna Brooks					Acute Number, Gity or Tow	n, State, Zip Co. 21 <i>22</i> 4	de)		
OR DE COLOR		20s METHOO OF DISPOSITION 1A Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		ery. Permajory or o	ther placer eme	d	0 17 01 6		or Town, State		
ALT death. funera		· Charle	D. Zeiler	_	Char	les S.Ze	iler & Son	Inc.	901 S. Jonkling St.		
3760, B and within 24 nours after completely filled in by the ial, cremation, or removal a event, the medical		23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	A	lasta	not enter the mo	ods of dying, au	ch ss cardiac or respi	iratory srreat	Approximate interval Batween		
executed and com o burial, matic er	CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
P.O. ath certification of the other	CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	ř);						
OF VITAL RECORDS, PHYSICIAN: The law requires that the dear this certificate has been signed by the att with the State Dept. of Health and Menta riked, or Item 23 shows any Injury,	MEDICAL	PART ii. Other significant condition	is contributing to death but	not resulting i	in the underlyIn	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 M YES 2 NO		
VITA CIAN: The striffcate he State or Item	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpeti	ent 3 🗆 DOA	OTHER:	LACE OF DEATH (C/	8 Other (Specify) B	EDROO	M FLOOR		
ON OF DING PHYSICI After this cer death with th	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		E OF 28c. INJ URY WO	URY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW II				
TISH WITTEN CTOR: after 28 J.	8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify,	Al home, farm, a	treet, factory, offic	•	28f. LOCATION (Street of City or Town, Stete)	and Number or F	Route Number,		
OSPITAL OR / UNERAL DIRE- Ithin 72 hours	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled	ige, death occurre ind/or investigation	od at the time, date n, in my opinion, d	end place, end due leath occured at the	to the cause(e) end mar time, date and place, en	ner ee stated. d due to the ce	nuse(e) end manner se stated.		
TO THE HOSPITAL OF TO THE FUNERAL DE FIGE WITHIN 72 NO IMPORTANT: IF IN	TO BE (296. SIGNATURE AND TITLE OF CRITIFIES	X			O.C.M.			GNED (Month, Day, Year) 15-1991		
5		30. MAME AND ADDRESS OF PERSON WH ANN M. DIXON M	1.D. 1	11 PEN		ET BALT	TIMORE MA	RYLAN	D 21201		
		SEP 16 1991	32 AEGISTRAR'S SIGNATI	-Mandell							

ra y n n

*

The second of th

A Table 1994. Programme and the second secon

n As Certain and a second seco

3. TIME OF DEATH

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

-	
13146,	
7	
Ċ	
~	
×	
0	
BOX	
P.0.	
٥.	
_	
ເກັ	
ő	
~	
7	
×	
RECORDS	
~	
7	
VITAL	
=	
>	
P	
0	
≲	
DIVISION	
S	
7	
=	

		1. DECEDENT'S NAME (First, Middle, Last)	Willian	lian	м. В	ole	3,	SR.	2. DATE	OF DEATH	1		TIME OF DEATH
C		4. SOCIAL SECURITY NUMBER				UNDER 1		IF UNDER 24 HRS.	7 DATE	OF BIRTH	15 91	IDTUDI A	CE (State or Foreign
		215 10 0396	1 XM 2 F				MYS	HOURS MIN.	(Mont	h, Day, Year)	C	country)	
should		9e. FACILITY NAME (If not institution, give st		76	1,000	CITY. T	DWN O	R LOCATION OF DE		8/19]	9c. COUNTY	ORI	ALC TO N
69	ECTOR	LOCH RAVEN V		<u>. </u>				IMORE (
Pages 1,	REC	10e. STATE 10b. COUNTY			10c. CITY, 1	OWN OR	LOCATI	ION				10d	I. INSIDE CITY
.≅. &	▫	MARYLAND			В	ALT	IMO	RE CIT	Ÿ		_	1 [YES 2 NO
9	ERAL	100. STREET AND NUMBER 1600 MT. ROYAI	L AVENUE	#7	704		101.	ZIP CODE 212	17		10g. CITIZEN	OF WHAT	COUNTRY?
and the state of t	Æ	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVEL FORCES? 1 XYE	ES 2	NO	H 3	res, spe	ENDENT OF HISPAN ecify Cuben, Mexica 2 DOO Specify	n, Puerto			RACE — A Black, Wh Specify:	American Indian, ofte, etc.
200	B	3 Widowed 4 Divorced	1F YES, GIVE WAR OF	-12/	10/45	1 ''	_ 163	z Mio apecii				эриспу.	BLACK
r attend use as	TED	15. DECEDENT'S EDUC (Specify only highest grade			DECEDENT'S US (Give kind of wor	done du	UPATIO	N st of working	168	KIND OF BUS	INESS/INDUST	RY	
spital o	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		ille. Do NOT use r	etirud.)							
2 g	BE CO	17. FATHER'S NAME (First, Middle, Last) ARTHUR BOLES						16. MOTHER'S NA MINN			Surname)		
5 should be	5 B	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING AI	ODRESS (Street as	nd Number or Rural I					
ay be re page 5	-	INEZ BOLES						YAL AV	E I	-			21217
ector, pa		20e. METHOD OF DISPOSITION 1 Deputies 2 Cremetion 3 Rem	oval from State	other	place)			netery, cremetory or			CATION — City		
direct direct		4 Donetion 5 Other (Specify)		<u> </u>	rison			Vet.		Owi	ings M	111	s, MD
vurs after death. Page 6 may be in by the funeral director, page in removal.		· Lehous	O. Du	et	1	L	ERC	Y O. D' LIBER'	YETT				
fours after of in by the or removal.		23. PART I. Enter the discusses, or o											Approximate
200		ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause or	n each li	ine.								Interval Batween Onset and Death
		disease or condition resulting in death)	. Ur	05	COSI.	5						ĺ	
completely rial, cremati c event, t		rosuling in doubly											
and com burial, natic ev	Z	Sequentially list conditions,	· Pep	otic	- 01	200	1	1260/24	2				
te be execut ysician and c prior to burit traumatic	ATI	if any, leading to immediate cause. Enter UNDERLYING	^		/							i	
ertificate ng physi giene pr other t	윤	CAUSE (Disease or injury that initiated events			SEQUENCE OF):								
Hy Hy	CERTIFICATION	resulting in death) LAST											
the deat y the atte d Mental		PART II. Other significant condition	a contributing to deat	h but no	et resulting in	the und	ertying	g cause given in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS
luires that the signed by the Health and I nows any In	EDICAL	Dement	nd.							PERFOR	-	CO	MILABLE PRIOR TO MPLETIDN OF CAUSE
signe Signe Health	율	Aroret									E3 110		DEATH?
	Σ												
The last te has the De sm 2	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1.	THER:		ACE OF DEATH (Ch	eck only o	ne)			
ruffica re Sta	Š	1 TYES 2 NO	1 Limpstiont 2 - ERA	Outpatient				e 5 🗆 Residence	6 🗆 Oth	er (Specify)			
r this ce h with th	ву рну	27. MANNER OF DEATH 1 Nitural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	RTY nr)	20b. TIME (OF 2 IY M	WO	URY AT PRK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCUR	ăD	
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires THE FUNERAL DIRECTOR: After this certificate has been sign filed within 72 hours after death with the State Dept. of Heal PORTANT: If Item 28 is marked, or Item 23 shows	ED B	2 Accident investigation 3 Suicide 5 Could not be 4 Homicide detarmined	28e. PLACE OF INJI building, etc. (S	URY — At Specify)	home, farm, str	et, factor	y, office	•		CATION (Street or Town, State)	and Number or F	lural Route	Number,
DIRECT NOUIS STEEM	LET	290. CERTIFIER 1 TO SETTIFVING PHYS	CIAN: To the best of my kr	nomination.	doub assessed	et the the	in Made	and stone and due	do the or		non as alated		
B RR =	COMPL	cont only	R: On the basis of examina									iuse(e) en	d manner se stated,
THE HOSPI TO THE FUNER THE FUNER THE WITHIN	BE (SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICENSE NUI	MBER		29d, DATE SI	SNED (Mo	onth, Day, Year)
5 5 3 M	5	Continue House	MID								19	15/0	î/
		10. HAME AND ADORESS OF PERSON WH		DEATH (TTEM 27) (Type, P	rint)							
		31. DATE FILED (Month, Day, Year)	Houchen 32. REGISTRAR'S S	HGNATUR	E E								
1		9/SEP/16 199			Randell.								
/	ш	00m 0 m 100	0										DHMH-16 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

ter	the	S
S	á	P P
2	.5	1
	led	
1	4	
thi	stel)	ma
3	du	C
nted	60	isi
Descr	and	Passi
99	an	17
e	Sic	nin
fica	€	90
E.	20	ě
t)	pue	Í
deat	#	nha
the	the	M
Ħ	3	300
5	9	£
uires	sign	Heal
regi	en en	ď
3	۵	b
40	has	å
E	ate	Patte
AN.	ific	S.
Sign	Cert	ŧ
DING PHYSICIAN: The law requires that the death certificate be executed within; mours after	After this certificate has been signed by the attending physician and completely filled in by the	with
5	ter	ath
5	At	di

RAJESH

31. DATE FILED (Month, Day, Year)
9/8E/91/6 1991

CHAWLA

	1 - FOR STATE REGISTRAR		STATE OF	MARYLAND /	DEPARTA					HYGIENE REG. NO.	E			
	1. OECEOENT'S NAME (Firs	t, Middle, Lest)	Lou	ISE EV					2. DATE OF	DEATH DAY	<u>.</u>	YEAR	3. TIME OF DEATH 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUM 219-10-05		6. SEX	6. AGE (In yrs. le		UNDER 1 YE	AR IF UNDE	R 24 HRS. MIN.	7. DATE OF (Month, E		906	Country	RYLAND	
DIRECTOR	99 FACILITY NAME (If not a	URCH	HOME	11 1 100	91		WN OR LOCAT			T'Y				
EC	10a. STATE	10b. COUNT	Υ		10c. CITY, T	OWN OR L	OCATION		-			T	10d. INSIDE CITY	
티	MARYLAND]	BALTI	MORI	E, CIT	Y			LIMITS? XIX YES 2 NO	
A	10e. STREET AND NUMBER						10f. ZIP COD				10g. CITI	ZEN OF W	HAT COUNTRY?	
5		101 N	ORTH BO	OND STR	EET				2123	1		U.S	. A .	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 W Widowed 4 Divi		FORCES?	NT EVER IN 0 S. AI 1 YES 2 W WAR OR DATES	RMED NO	It ye		en, Puerlo Ric	n, Puerlo Ricen, etc.)			- American Indian, White, etc.		
		EDENT'S EDU		16a. Di	ECEDENT'S US	UAL OCCU	PATION	ina	16b. K	INO OF BUS	INESS/IND	USTRY		
COMPLETED	Elementary/Secondary (College (1-4 or 5	+)		ng most of work								
MP	12			HOM							WN F	IOME		
	17. FATHER'S NAME (First, A						2.0		AME (First, Mid		Sumame)			
BE	LOUIS H		INS						IGLEY					
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	CORINNE BRYAN MITSAK 429 KENNETH SQ. BALTIMORE, MD. 21212 20a. METHOD OF DISPOSITION 1 Burlel 22 Cremetion 3 Removel from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)													
	1 Buriel 2 Cremati		noval from State	other p	lace)									
	21. SIGNATURE OF FUNERA	11 27	CENSEE	- I MORE	CLAND		ORTAL						MD.21234	
	Edwar M. Carkins k. HENRY W. JENKINS AND SONS. BALTO, MD.													
	ahock, or h IMMEDIATE CAUSE (Fi disease or condition	eart fellure.	List only one ca	uae on each lin	0.	anter the	mode of d	ying, suc	ch aa cerdla	c or reepir	ratory arr	est,	Approximate Interval Between Onset and Death	
	disease or condition . Congestive Heart failure OUE TO (OR AS A CONSEQUENCE OF):													
z	COPD													
CERTIFICATION	Sequentially list condi- if any, leading to imme	dieta	DUE TO	OR AS A CONSE	OUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or Injury													
분	that initiated events resulting in death) LAS		DUE TO	OR AS A CONSE	OUENCE OF):									
ER	Tooding in dustry Exc		d											
MEDICAL	PART II. Other algnific	Pern	na contributing to		reaulting in (rlying ceuse	given in		4a. WAS AN PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ä														
K	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL					6. PLACE OF	OEATH (C	heck only one)					
Sign	1 TES 2 THO		HOSPITANA 1 Inpatient 2	☐ ER/Outpatient	DOA 4	THER: Nuraing	Home 5 🗆 F	lasidenca	6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE O (Month,)	F INJURY Day, Year)	28b. TIME C	٧	WORK?	□ NO	28d. DESCI	RIBE HOW IN	JURY OC	CURED		
	3 Suicide 4 Homicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify)								26t. LOCAT	ION (Street a Town, State)	nd Number	or Rural R	oute Number,	
COMPLETED	anal		ER: On the best of										and manner se stated.	
	296. 9 CHATURE AND TITL	E OF CERTIFIE	P		29c, LICENSE NUMBE							(Month, Day, Year)		
O BE	garan &			041097 19				115/	91					

CHURCH

Pulia Savidson-Randalle

MOSPITAL.

DHMH-18 Rev 1/89

	_	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF I	HEALTH AND N		GIENE G. NO.				
		1. DECEDENT'S NAME (First, Middle, Lest)		ICK L. B	RUCKER		2. DATE OF DE MONTH SEPT.	DAY 12,19	year 91 9 %			
묫	7	4. SOCIAL SECURITY NUMBER 213-070161	1 X ½ 2 □ F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, FEB. 2	RTH	B. BIRTHPLACE (State or Foreign Country) INDIANA			
. 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give 3510 NEWLAND I			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE, CITY							
if. Pages 1	DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LOCAT	TIMORE,	СТТҮ		10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO			
an. ransit permit.	FUNERAL	3510 NEWLAND I				. ZIP CODE	218		EN OF WHAT COUNTRY? U.S.A.			
-0020 fing physician. the bunal-transit	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 5 2 NO DATES	If yea, sp	CENDENT OF HISPANI city Cuban, Mexican 2 NO Specify:	, Puerto Rican,	etc.)	4. RACE — American Indian, Black, White, atc. Specify:			
21215-0020 i rending physic as the bunal	ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION e completed) College (1-4 or 5 +)	18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during ma	ON Isl of working	16b. KIND	OF BUSINESS/INDU	WHITE			
AND	COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	2	ROLLE	R STEE	18. MOTHER'S NAM		TEEL CO	•			
MARYL retained by 5 should be notified at	TO BE	WILLIAM F. BI		196. MAILING AI	GERTRUDE GOODRICH ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
TORE, N e 6 may be n ector, page 5 must be n		WILLIAM S. BRU 200 METHOD OF DISPOSITION Burlal 2 Cremation 3 Ren	TOWSON,	MD . 21204 ty or Town, State								
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE LI	Dt	imetery, cremetory or othe	ALLEY 22. NAME AN	D ADDRESS OF FAC	4905	5 YORK	M,MD.21093 ROAD 21212 NS.BALTO,MD.			
certificate be executed within in frouts after to ding physician and completely filted in by the hygiene prior to burial, cremation, or removal other traumatic event, the medical is	ERTIFICATION	23. PART i. Enter the dieeesea, or ahock, or heert fellure. IMMEDIATE CAUSE (Final diseese or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS	each iine.	enter the mo	de of dying, euch	ae cerdlec o	r reepiretory arre	Approximate intervel Between			
requires that the death of the signed by the attend of Health and Merital H shows any Injury, or	MEDICAL CEF	PART II. Other eignificent condition	d	but not resulting in	the underlying	rcause given in P	P	VAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 PTNO			
S b b b	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	0	THER:	ACE OF DEATH (Chec						
NG PHYSICIAN: The fiter this certificate has eath with the State of marked, or item	ву рну	27. MANNER OF DEATH 1 Natural S Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y 28c. INJU			HOW INJURY OCCU	RED			
ATTENDI CTOR: A affer 6	B	3 Suicide 8 Could not be determined	28s. PLACE OF INJURN building, etc. (Spe	Y — At home, larm, stre	et, factory, office		28f. LOCATION (City or Town,	Street and Number or , State)	Rural Route Number,			
IOSPITAL OR / UNERAL OIRE ITHIN 72 hours	COMPLET	2 MEDICAL EXAMINE		viedge, death occurred a on and/or investigation, i	nt the time, data n my opinion, de	and place, and due to	o the cause(a) as ma, date and pis	nd manner as stated	cause(a) and manner as stated,			
TO THE HOSPITAL OF THE FUNERAL OF THE FUNERAL OF THE WITHIN 72 how in the Funeral of The Funerant: If the Funerant of The Fune	TO BE	296. SIGNATURE NO TITLE OF CERTIFIED STEWER MD 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) 29b. SIGNATURE NO TITLE OF CERTIFIED 29d. DATE SIGNED (Month)										
		30. NAME AND ADDRESS OF PERSON WH JOHN W. BOW 31. DATE FILED (Month, Day, Year)	IE			YORK R	OAD. H	BALTIMO	RE,MD.21212			
1,1		SFP 16 1001	32. REGISTRAB'S SIGN	manufic ndelle								

DHMH-16 Rev 1/89

0	£
L RECORDS, P.O. BO	Sente
-	91
o	000
Ф	+
Ś	A
0	that the
Œ	124
0	av recuiree that H
O	ire
Щ	00
щ	3
IAL	-
2	Ġ
=	é
-	ŧ
*	3
¥	1
z	g
0	ē
S	Ē
5	h
5	8
-	2
	To do
	30
	3
	Ē
	-

	1 - FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPAI CERTIF	RTMENT OF FICATE OF	HEALTH AND DEATH	MENTAL HYGIEN REG. NO				
8		C. Brentlir				2. DATE OF DEATH MONTH 9 / 2	Y 9/1	3. TIME OF DEATH		
	122-03-0558	M2□F	(in yrs. lest birthdey)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-20-18	C	HRTHPLACE (State or Foreign country)		
TOR	University H				or LOCATION OF D		9c. COUNTY			
DIRECTOR	10a. STATE 10b. COU	NTY	10c. C/1	TY, TOWN OR LOC Balti			10d. INSIDE CITY LIMITS?			
FUNERAL	10. STREET AND NUMBER 3019 Marelan	2			21234		1 ½ YES 2 ☐ NO 10g, CITIZEN OF WNAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 NO	It yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yea an, Puerto Ricen, etc.) fy:	o Rican, etc.) Black, White, etc. Specify:			
ETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondery (0-12)	EDUCATION ade completed) College (1-4 or 5+)	(Give kind of life, Do NOT u		ION ost of working	18b. KIND OF BUS	tructi			
COMPL	8th 17. FATHER'S NAME (First, Middle, Last)	•	Car	penter	1	AME (First, Middle, Maiden		LON		
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	Mr. Carroll E. Brentlinger Rd. #1 Box 184 Rome, Pa. 18837 20s. METNOD OF DISPOSITION 1 Burlet 2 @ Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cymetery, crematory or other place) 20c. DATE 20c. LOCATION — City or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICENSES A Donetion 5 Other (Specify) Greenmount Crematory Balto. Md. 22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harford Rd Balto. Md. 212 23. PARTY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. COVERDO OR AS A	A CONSEQUENCE O	alur Hen 1	2 (2º	to Phe	winerly Dimension	Interval Batwo		
PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART II. Other algorificant conditions contributing to deeth but not resulting cause given in Part II.								24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATN (Ch		*			
6Y.P	27, MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a PLACE OF THE HIP		M 1	-	Fall der	un ste	eps.		
ETED	4 Nomicide datarmined	building, atc. (Spec	At h	one		281. LOCATION (Street a City or Town, State)		rel Route Number,		
COMPL	(Check only one) 2 MEDICAL EXAMI	YSICIAN: To the best of my know INER: On the beals of exemination						se(a) end manner ea stated		
TO BE	29b. SIGNATURE AND THILE OF CERTIF	un MIT	>		29c. LICENSE NUM	349	▶ G	NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON V	VNO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type	S 22	5. Green	eSt Bo	et 1	ub		
	SEP 1 6 190	32. REGISTRAR'S SIGN	NATURE POPULA DO							

CARL M

1 6				EHIIF					REG. NO				
- 3	1. DECEDENT'S NAME (First, Middle, Li	F. Byers						2. DA	p. 14,	Who.	VEAD	. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	0.400.0					_		1991		11:03 p	
	232-22-6489	1 □ M 2 🂢 F	6. AGE (In yrs.)	YRS.	MONTHS 6		IF UNDER 24 HRS. HOURS MIN.	7. DAT (Mo 09	730/18		Country	ACE (State or Fo.	
CTOR	9a. FACILITY NAME (If not institution, git 5541 Oregon Ave RESIDENCE OF DECEDENT	enue		96. CITY, TOWN OR LOCATION OF DEATN Arbutus						% county of DEATH Baltimore			
DIREC	10e. STATE 10b. COU			10c. CITY	Arbut	LOCATIO	ON					Od. INSIDE CITY	
FUNERAL	100. STREET AND NUMBER 5541 Oregon Ave	enue				101. 2	21227		10g, CITIZEN OF WH				
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	ARMED NO	If y	S OECEN es, speci	Ify Cuben, Maxi-	can, Puert	ORIGIN? (Specify Yes or No— 14. RACE — Puerto Rican, etc.) 14. RACE — Black, Wh. Black, Wh. L.C. While Company of the Compan				
TED	15. OECEDENT'S E (Specify only highest gr	DUCATION ade completed)		DECEDENT'S	rock done duri	JPATION ing most	of working	10	Sb. KIND OF BU	SINESS/INDL			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		alyst	e retired.)				gov't.				
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S N		WE (First, Middle, Maiden Surname)				
BE (Joseph Vennari									chella Mazza			
6	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State,							Code)		
-	Jack P. Byers		5541 Oregon Avenue Arbut										
	20e. METNOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emovel from State	20b. PLACE cemetery, c.	e ANDOATEO	F DISPOSITION PROPERTY PROPERT	on/Name	eof	9/18		CATION - C		, State Maryla	
	IMMEDIATE CAUSE (Finel disease or condition											Approximatinterval Be Onset and	
FICATION	Sequentially list conditions, if ony, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									Year			
ERTIFI	thet initieted events resulting in death) LAST	d	JA AS A CONSE	OUENCE OF) :								
N: MEDICAL C	PART II. Other significant condition	one contributing to c	eath but not	recuiting is	the under	riying c	ause given in	Part i.	PERFORMED 1 YES 2 NO		AV CC OF	ERE AUTOPSY FIR AILABLE PRIOR 1 MPLETION OF C F DEATH?	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/Oute #		OTHER:		E OF DEATH (C						
ВУ РНУ:	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF H (Month, Day	JURY	26b, TIME	OF 28d	. INJUR	?	1	er (Specify) SCRIBE NOW I	NJURY OCCU	JRED		
0	2 Accident Investigation 3 Suicide S Could not be datermined datermined 4 Nomicide S Could not be datermined Investigation Street Incomplete Solution Street										r Rural Rout	e Number,	
Ш	29a. CERTIFIER 1 CERTIFYING DAYS (CAN. To the house of the control												
MPLETE	(Check only	/SICIAN: To the best of m	y knowledge, d	eath occurred	at the time,	data an	d pieca, and du	e to the co	euse(a) and mar	nner as atatec	1.		
COMPLETE	(Check only	NER: On the beale of axa	ny knowledge, d	eath occurred	st the time, , in my opini	on, dest	d pleca, and du h occured at the	e time, dat	euse(a) and mar a end placa, an	d due to the	i. Couse(a) an		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

31. DATE FILED (Month, Day, Year)
SEP 16 1991

32. REGISTRAR'S SIGNATURE

P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	eath certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physic	ittending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	lar hygiene prior to bunat, cremations, or removal. t, or other traumatic event, the medical examiner must be notified at once.
JONESION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE,	TO THE HIGH MAN PRINCIPAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physic	TO THE/FILMENT AND AREA this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	be filed within 77 with the State Dept. of Heath and Mental Hygiere prior to buriat, cremation, or removal. IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO THE HOSP TO THE FLINER be filed within

burial-transit permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			SIENE . NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	/ 1 11:	7. 1	1-		2. DATE OF DEA	тн	3. TIME OF DEATN			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	Drad	1ecj		7. DATE OF BIRT	10	BIRTINPLACE (State or Foreign			
	214-18-2076	1 DM 2 DF 9	/ YRS.	IF UNDER VEAR	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Y	1900	PA.			
<u>۳</u>	Bel Air Convale			Be/	A I'C	Md.	9c. COUNTY	of DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY.	TOWN OR LOCAT	ION			10d, INSIDE CITY			
晋		RFORD		EL AIR				LIMITS?			
	10e. STREET AND NUMBER				ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	6 NORTH KELLY	AVENUE 12. WAS DECEDENT EVER IN	II O ADMED	40 1100 050	21014	NO ODIONIO /O	UNITE				
	1 Never Married 2 Married	FORCES? 1 YES	2 HO	If yes, spe	ENOENT OF HISPAN lefty Cuban, Maxica 2 10 Specify	n, Puarto Rican, al		RACE — American Indian, Black, White, atc. Specify: White			
D BY	3 Widowed 4 Divorced		201								
COMPLETED	15, OECEOENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of we life. Do NOT use	JSUAL OCCUPATION ork done during monetired.)	N st of working	18b. KIND (OF BUSINESS/INDUST	FRY			
AP.	12	2	Воокк	EEPER	_	016	DISTRI	BUTOR			
00	17. FATNER'S NAME (First, Middle, Last)	2 . 2			16. MOTHER'S NA	ME (First, Middle, A	faiden Surname)	11.			
8	19a, INFORMANT'S NAME (Type/Print)	Willia		ADDRESS (Street a	KIIZ	a be 7	or Town, State, Zip Co.	1/1/ams			
2		DLEY			LLY AVE		FL AIR.				
	20a. METHOD OF DISPOSITION 1 ☑ Buriat 2 ☐ Cremation 3 ☐ Remo	20b.	PLACE OF DISPOSI				Oc. LOCATION — City				
	4 Donation 5 Other (Specify)	SI	ATEVIL		ETERY ID ADDRESS OF FA		DELTA	PA			
	A SIGNAL OF TOTAL SCHOOL SE	Parel	1/1								
_	23/PART i. Enter the dispesse, or c	Tores	The Company					C. DELTA, PA			
	shock, or heart failure. I	List only one cause on ea	ich ilna.					Interval Batween			
	disease or condition resulting in desth) a. hetastatic Colonic Carcinomic										
	DUE TO (OR AS A CONSEQUENCE OF):										
N O	Sequentisity list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):							
CAT	if sny, leading to immediate cause. Enter UNDERLYING										
E	CAUSE (Disease or injury that initiated events resulting in death) LAST										
CERTIFICATION		i									
CAL	PART ii. Other significant conditions	a contributing to death bu	ut not resulting in	n tha undarlying	g cause givan in	Part I. 24a. W	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
				· · · · · · · · · · · · · · · · · · ·		1 □ '	YES ZY NO	COMPLETION OF CAUSE OF DEATH?			
Σ.						— II		1 TYES 2 NO			
PHYSICIAN: MEDI	25. WAS CASE REFERRED-TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATN (Ch	eck only one)					
YSI	1 YES 2 NO	1 Inpatient 2 I ER/Outpo			e 5 🗆 Residence		**				
	27. MANNER OF OEATN 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCCUR	RED			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, farm, s				Street and Number or	Rural Route Number,			
E	4 Homicide determined	building, atc. (Speci	ny)			City or Town	, Stare)				
COMPLETED	(Chack only	CIAN: To the best of my knowle	edge, death occurre	d at the time, date	and place, and due	to the cause(s) a	nd manner as atated.				
SO		R: On the basis of examination	and/or Investigation	n, in my opinion, c	eath occured at the	time, data and pl	ace, and due to the c	ause(s) and manner as stated.			
B	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER										
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE					17//	0//			
	125 N. MION		BEZ	MIN,	MD	21014	; 1251	N. MBINST			
	31. DATE FILEO (Month, Day, Year) SEP 16 1991 9	32. REGISTRAR'S SIGNA	ature ndesc				/				

4 hours after death, Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detach on, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremagion, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SOCIONATION NAME (PROPOSED) SOCIONATION SOCIONATION SOCIENATION NAME (PROPOSED) SOCIONATION SOCIONATION SOCIONATION SOCIONATION SOCIONATION SOCIONATION SOCIONATION SOCIENATION SOCIONATION SOCIENATION SOCIONATION SOCIENATION SOCIONATIO		1 - STATE REGISTRAR	SIAIE OF N	MARYLAND C	DEPAI	TMEN	TOFH EOF	DEAT	AND I	MENTAL	HYGIE!	-		
KATHLEEN CROUNTS 1 SEC. 1 SOURCE SECRET MARK POR ADMINISTRATION AND		1. DECEDENT'S NAME (First, Middle, Last)						DEA			OF DEATN			3. TIME OF DEATN
THE JOHNS HOPKINS HOSPITAL SACRIFORMS OF DESCRIPTION WE STOLL AND SHAPE OF DESCRIPTI		KATHLEEN CROUCE										12	0.1	
THE JOHNS HOPKINS HOSPITAL BALTIMORE THE STREET AND ROWSER STR. COMMY Maryland TO. COMMY Maryland To. COMMY To. COMMY Maryland To. COMMY To. COMMY To. COMMY To. COMMY TO. C		214 56 9595								7. DATE O	E BIRTH	1950	s. BIRTH	PLACE (State or Foreign yland
STREET LOD NUMBER 3.11 Candry Torrace 3.12 Candry Torrace 3.14 MANTAL SIRVIS 1.15 MANTAL SIRVIS 1.15 MANTAL SIRVIS 1.16 MANTAL SIRVIS 1.17 MANTAL SIRVIS 1.18	Œ		,	ТАТ										
STREET LOD NUMBER 3.11 Candry Torrace 3.12 Candry Torrace 3.14 MANTAL SIRVIS 1.15 MANTAL SIRVIS 1.15 MANTAL SIRVIS 1.16 MANTAL SIRVIS 1.17 MANTAL SIRVIS 1.18	5	RESIDENCE OF DECEDENT		IAL		1	DALLI	LMUKE	. 61.	LY		B	ALTIM	ORE
31 Candry Terrace 31 Candry Terrace 31 Candry Terrace 31 Candry Terrace 31 Candry Terrace 31 Candry Terrace 31 Candry Terrace 31 Candry Terrace 32 Candry Terrace 32 Candry Terrace 32 Candry Terrace 33 Candry Terrace 34 Candry Terrace 35 Candry Terrace 36 Candry Terrace 37 Candry Terrace 38 Candry Terrace 38 Candry Terrace 38 Candry Terrace 39 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 31 Candry Terrace 32 Candry Terrace 33 Candry Terrace 34 Candry Terrace 35 Candry Terrace 36 Candry Terrace 37 Candry Terrace 38 Candry Terrace 38 Candry Terrace 38 Candry Terrace 39 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 31 Candry Terrace 31 Candry Terrace 32 Candry Terrace 33 Candry Terrace 34 Candry Terrace 35 Candry Terrace 36 Candry Terrace 36 Candry Terrace 36 Candry Terrace 37 Candry Terrace 37 Candry Terrace 38 Candry Terrace 39 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 30 Candry Terrace 31 Candry Terrace 32 Candry Terrace 33 Candry Terrace 34 Candry Terrace 35 Candry Terrace 36 Candry Terrace 37 Candry Terrace 38 Candry Ter	DIRE						OR LOCAT	ION						
Wildowsed Directed F VES, GIVE WAR OR DATES 1 VES & NO Society White 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTIAL	RAL						101.					10g. CIT		VHAT COUNTRY?
Wildowsed Directed F VES, GIVE WAR OR DATES 1 VES & NO Society White 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECERBET SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTING 15, DECEMBER SEQUENTIAL	S			T EVER IN U.S. A	RMED	112	WAS DEC			NO OBIONI				
The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NAME AND DATE Of Date of Name of National Rocus Name of Name Rocus Name of Name Rocus Name of Name of Name Name Name of Name Name of Name Name Name of Name Name Name Name of Name Name Name Name of Name Name Name Name of Name Name Name of Name Name Name Name Name Name of Name Name Name Name Name Name Name Name	B√		FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, spe	cify Cube	n, Mexice	n, Puerto A	(Specify 16 Ican, etc.)	e or No-	Black	c, White, etc.
The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NAME AND DATE Of Date of Name of National Rocus Name of Name Rocus Name of Name Rocus Name of Name of Name Name Name of Name Name of Name Name Name of Name Name Name Name of Name Name Name Name of Name Name Name Name of Name Name Name of Name Name Name Name Name Name of Name Name Name Name Name Name Name Name	9	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	N of of words		16b.	KIND OF BU	ISINESS/INI	DUSTRY	
The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NATIONANT'S NAME (Syndrivity) The NAME AND DATE Of Date of Name of National Rocus Name of Name Rocus Name of Name Rocus Name of Name of Name Name Name of Name Name of Name Name Name of Name Name Name Name of Name Name Name Name of Name Name Name Name of Name Name Name of Name Name Name Name Name Name of Name Name Name Name Name Name Name Name	APLE			- 106	DO NOT U	se retired.)			-	·	Comp	iter	Scien	nce
198. MALUNG ADDRESS (Street and Number of Rural Route Number City or Sown, Stem, 20 Cooks) Audrey M. Crouch, Mother 6.22 Dorsey Ave. Baltimore, Md. 21221 209. PLACE AND DATE OF DISPOSITION Number of Other (Section) 210. PLACE AND DATE OF DISPOSITION Number of Other (Section) 210. PLACE AND DATE OF DISPOSITION Number of Other (Section) 211. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Enter the diseases, or complications this caused that death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. 22. PART I. Enter the diseases, or complications this caused that death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. 22. PART I. Enter the diseases, or complications this caused that death. Do not enter the mode of dying, such as cardiac or respiratory arreat, indereval of one of the conditions, interval of the conditions, and the conditions of the condition		17. FATHER'S NAME (First Middle, Last) Charles	Crouch					ts. MOTH	drey	ME (First, M	iddle, Melder	Sumame)		
Audrey M. Crouch, Mother Audrey M. Crouch, Mother Comment C	∞	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street ar	nd Number	or Rural R	Poute Numbe	er, City or Tov	vn. State, Zij	Code)	
20. METHOD OF DISPOSITION DATE 20. LOCATION — City or Town, State 1 Digustion Disposition	ř												1221	
22. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, interest about, or heart failure. List only one cause on each line. 1. IMMEDIATE CAUSE (Fined diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, interest of conditions, in any isolation of conditions. 2. Immediate diseases or conditions, in any isolation of cause on each line. 2. DUE TO (OR AS A CONSEQUENCE OF): 2. Sequentially list conditions, in any, isolating to death but not resulting in the underlying cause given in Part I. 2. Examiner or conditions or conditions or line to the cause of conditions or part in the inheliated avents or resulting in death) LAST 2. WAS CASE REFERRED TO MEDICAL 2. W		20s. METHOD OF DISPOSITION 1A Burial 2 Cremation 3 Rem 4 Departm 5 Other (Specify)	oval from State	20b. PLACE	ANDDATE	OF DISPOS	ITION /Nar	ne of		DATE	20c. LC	CATION -		
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval E onset in MMEDIATE CAUSE (Fine) disease or conditions resulting in death) But TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22	NAME AN	DADDRES	S OF EAC	MITTY				e -0., ru.
Approving indexed and a cardiac or complications this caused the deeth. Do not enter the mode of dying, such as cardiac or raspiretory arrest, indock, or heart failure. List only one cause on each line. Indexed and cardiac or conditions are all the cardiac or conditions as a condecuence of the cardiac or conditions. Indexed and cardiac or conditions are all the cardiac or conditions. Indexed and cardiac or conditions are all the cardiac or conditions. Indexed and cardiac or conditions are all the cardiac or conditions. Indexed and cardiac or conditions are all the cardiac or conditions. Indexed and cardiac or conditions are all the cardiac or conditions. Indexed and cardiac or conditions. Indexed and cardiac or cardiac		Mario EL	Sunga	gener	ke									22.005
IMMEDIATE CAUSE (Fine) diaesee or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter VINDERLYING CAUSE (Disease or Injury The Initiated avents resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU		23. FART I. Enter the diseases, or o	omplications that	caused tha de	eth. Do r	not enter	the mod	le of dyle	ng, auch	aa cardi	ec or raep	retory ar	eat,	Approximata
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury and the initiated avents resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C.		IMMEDIATE CAUSE (Fine)	ast only one caus	ae Dh each line	Đ.									interval Between Onset and Death
The initiated avents resulting in death) LAST d. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributions contrib		diacese or condition recuiting in death)	ı	Se	051:	5								5 days
The initiated avents resulting in death) LAST d. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributions contrib	_	_	DUE TO (OR AS A CONSE	OUENCE O	F):	64.00	4 4 .	m.		1	1		
The initiated avents resulting in death) LAST d. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributions contrib			DUE TO (OR AS A CONSE	OUENCE OF	- G	vun	ic.	7/100	zui	Au	Ken	un	6 mon.
The initiated avents resulting in death) LAST d. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificant conditions contributions contrib	S	cause. Enter UNDERLYING												
PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMED? PREFORMED? VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Monin, Dey, Near) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 29. Accident Investigation (Monin, Dey, Near) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF INJURY AT NURSING NOME 5 Residence 8 Other (Specify) 28. PLACE OF INJURY AT NURSING NOME 5 Residence 8 Other (Specify) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY AT NURSING Nome 5 Residence 8 Other (Specify) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. CERTIFIER (Check only one) 28. PLACE OF DEATH (Check only one) 29. CERTIFIER (Check only one) 29. CERTIFIER (Check only one) 29. CERTIFIER (C			DUE TO (OR AS A CONSE	OUENCE OF	F):								
28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATN 28. DATE OF INJURY 28. DATE OF IN	SE													
25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO NO NO	AL	PART II. Other eignificent condition	e contributing to	death but not i	resulting l	n the un	derlying	ceuse g	lven in f	Part I.			24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	اة									- 1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, data end place, and dua to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TO THE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 21										-				t TYES 2 NO
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, data end place, and dua to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TO THE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 21	AN						28. PLA	CE OF DE	ATH (Che	ck only one				
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, data end place, and dua to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TO THE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 21	2		HOSPITAL:	ER/Outpatient 3	□ DOA			5 🗆 Ret	idence 8	B 🗆 Other	(Specify)			
28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Rown, Stete) 29e. CERTIFIER (Check only 2	A LH	1 Natural 5 Pending	28e. DATE OF I (Month, De	INJURY ly, Year)		E OF	28c. INJU WOR	RY AT				NJURY OC	CURED	
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Stuart Russell Johns Hopkins Haspital Scitimere M 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY — At ho	me, ferm, s	treet, facto	ory, office			28f. LOCAT	TION (Street of Town, State)	end Number	or Rural Ro	oute Number,
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Stuart Russell Johns Hopkins Haspital Scitimere M 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		290. CERTIFIER CERTIFYING PHYSIC	TAN: To the heat of a			200				_				
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Vear) 310. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Stuart Russell Johns Hopkins Haspital Beltimere M 31. DATE FILED (Month, Day, Vear) 32. REGISTRAR'S SIGNATURE	P P	(Check only one) 2 MEDICAL EXAMINES	t: On the besie of exc	emination end/or	investigatio	n, i <i>n</i> my o	me, data e pi <i>n</i> ion, de	ath occur	and dua t d at the t	lo the ceus lime, data e	e(s) and mei nd place, an	nner as atat	ed. e cause(e)	and manner as stated.
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Stuart Russell Johns Hopkins Hospital Beltimore M 31. DATE FILED (Month, Day, Year) 4 32. REGISTRAR'S SIGNATURE	- 10	296. SIGNATURE AND TITLE OF CERTIFIER	7 ./					29c. LICE	NSE NUMI	BER		29d. DATI	SIGNED	(Month, Day, Year)
Stuart Russell Johns Hopkins Hospital Beltimore M		30. NAME AND ADDRESS OF PERSON WHO			M 271 /7mc	Prings			_			•	9/1	19/5
		Stuart	Russe	11	Jo		Ho	okir	15 K	1/000	ital	801	time	ore MD
		SEP 16 1991 4	Ma Devidsor	- Acnorde										

H . 10.0

for an it and it is a second

or attending phys	or use as the buri	
ned by the hospital	ould be detached for	fled at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burity of standard directors after death, with the State Dark of Health and Mental Havingon had not in hurial companion or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
4 nours after death.	illed in by the funeral	e medical exami
secuted within 2	an and completely f	lumatic event, th
e death certificate b	he attending physici Mental Hyniane prior	jury, or other tra
law requires that th	as been signed by t	23 shows any in
4G PHYSICIAN: The	ter this certificate his	marked, or Item
PITAL OR ATTENDIN	RAL DIRECTOR: After des	E If Item 28 is n
TO THE HOSF	TO THE FUNE	IMPORTANT

31. DATE FILED (Month, Day, Year)

SEP 16

1991

		RTIFIC	ATE OF	DEATH	REG. NO	_	24933
1. DECEDENT'S NAME (First, Middle, Last) GERTRIDE M.	Gertrude Marga		ronows	ki			3. TIME OF DEATH
0011.000	SEX , 6. AGE (In yrs. lest		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign
214-03-2027	□M2 XF 72	YRS.	ONTHS DAYS	HOURS MIN.	09-12-1	9	Country) Md.
9a. FACILITY NAME (II not institution, give stree Anne Arundel Media		91		R LOCATION OF D	EATH	9c. COUNTY	of DEATH 2 Arundel
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		-	town or locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 3702 Foster Avenue	e		101	2/224		10g. CITIZEI	OF WHAT COUNTRY?
11. MARITAL STATUS 1: 1	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 2 N IF YES, GIVE WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, atc.) fy:	e or No— 14	. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (Gi	he kind of worl Do NOT use n	BUAL OCCUPATION to done during more during during more		16b. KINO OF BU		
17. FATHER'S NAME (First, Middle, Last) Adam Wysocki					AME (First, Middle, Melder phine Augu	Surname)	k
190. INFORMANT'S NAME (Type/Print) Maryann D. Bates	191	. MAILING AT 207 Mi	DORESS (Street a	nd Number or Rural	Arnold, Md	vn, State, Zip Co. 2101	2
20a. METHOD OF DISPOSITION †C Burial 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)			other places		9-17-91 Ba		y or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICEN	See Bele			les S. Z			901 S. Conkling St
IMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPIRA	てつん				iratory arres	
	DUE TO (OR AS A CONSE	DUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC CONG GS 7 DUE TO (OR AS A CONSEC DUE TO (OR AS A CONSEC TSL H GM	DUENCE OF):	Ite. A	Ante	TAILVRE		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECT OF NEUM OF DUE TO (OR AS A CONSECT OF TO CONTRIBUTING TO death but not recontributing	DUENCE OF):	HEA	ant f	TAILURE 1/S GOSE	N AUTOPSY RMED?	24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other aignificant conditions C (TOONCC.)	DUE TO (OR AS A CONSECT OF NEUM CODE TO (OR AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF AS A CONSECT OF A CONSECT OF AS A CONSECT OF A CONSECT	DUENCE OF): DUENCE OF): Coulonce OF): Coulonce OF):	HEA HEA the underlyIn	ant f	1 Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions C (I TO NCC.) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	DUE TO (OR AS A CONSECT OF TO (OR AS A CONSEC	DUENCE OF): DUENCE OF): COURN	A H GA the underlyin E 26. Pi THER: Nursing Hor	g cause given in	Pert I. 24a. WAS A PERFC 1 TYES	N AUTOPSY RMED? 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (OR AS A CONSECT OF NEUM CONTIDUTING TO death but not reasonable to the contributing to death but not reasonable to the contribution of the	DUENCE OF): DUENCE OF): COURNE OF): COURNE OF):	THE I	g cause given in	Part I. 24a. WAS A PERFC 1 TYES	N AUTOPSY RMED? 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions C (DUE TO (OR AS A CONSECT OF NEUM CONTRIBUTING TO death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contributing to death but not a contribution to a cont	DUENCE OF): QUENCE OF): reaulting in UNA 26b. Time INJUE	THE I A H GA the underlyin E 26. PI Nursing Hon NY M 1 1	g cause given in ACE OF DEATH (C) TO S Realdence UURY AT PKY YES 2 NO	Pert I. 24a. WAS A PERFC 1 TYES	N AUTOPSY RMED? 2 NO INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions C (DUE TO (OR AS A CONSECT OF TO (OR AS A CONSEC	DUENCE OF): DUENCE OF): CUENCE OF): DUENC	the underlyin the underlyin the underlyin the underlyin the underlyin 26. Pl THER: North N	g cause given in	Part I. 24a. WAS A PERFC 1 YES theck only one) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Staff Performs, Performs	N AUTOPSY RMED? 2 NO INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,

COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

THE FOR LABOUR TO

and the second s and to I and a subset

Section at the L

							21	24934
	FOR 1 - STATE	STATE OF I	MARYLAND	DEPARTME	NT OF HEALTH AND	MENTAL HYGIE	NE	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		С	ERTIFICA	TE OF DEATH	REG. NO).	
		D	00177					3. TIME OF DEATH
	MILDRED 4. SOCIAL SECURITY NUMBER	D.	COARI				2, 199	
		5. SEX	6. AGE (In yra. la	MONTH	DER 1 YEAR IF UNDER 24 HRS		6.	BIRTHPLACE (State or Foreign Country)
	219-34-0157	1 🗆 M 2 💢 F	84	YRS.	The Moons Line		,1907	New Jersey
~	9e. FACILITY NAME (If not institution, give		,	9b. C	TY, TOWN OR LOCATION OF	DEATH	9c. COUNT	OF DEATH
Ö	Meridian Loc	h Raven	`	T	owson		Ba 1	timore
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT							- THOLO
DIRECTOR				10c. CITY, TOW	OR LOCATION			10d. INSIDE CITY LIMITS?
		ltimore		То	wson			1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
Ü	38 Acorn Circ	cle Apt.	202		21204		USA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED 1	3. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Ye	s or No — 14	. RACE — American Indian.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES	200	If yes, specify Cuban, Mex 1 YES 2 NO Spe			Black, White, etc. Specify:
					41			White
TED	15. DECEOENT'S EOU (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S USUAL	OCCUPATION e during most of working	16b, KIND OF BU	ISINESS/INDUS	
LET	Elementery/Secondery (0-12)	College (1-4 or 5	+)	Do NOT use retired	e during most of working (.)			
MP	11 years		H	lousewi	fe	at	home	
COMPL	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Maide	Sumeme)	
BE (William Charl	les Lill	V		Ros	e Ellings	itio wh h	
0 8	190. INFORMANT'S NAME (Type/Print)			b. MAILING ADDRE	SS (Street and Number or Run	al Route Number City or Tox	vn. State. Zin Cr	orie)
۲	Charles T. Co	pard. Ir						
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremetion 3 Rem		20b PLACE	AND DATE OF DISP	yde Bank R	DATE 200 10	CATION OW.	no Tours days
	1 N Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ioval from State	cempetery, cre	matory or other place	emorial Pa	TO A I TO TO	CATION — CR	or lown, State
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE	11010	Lana In	NAME AND ADDRESS OF	TK 3/TD F	arkvi	lle, MD
- 1	MANI PS	- 6	1.		Johnson Fu		2	1204
	Land.	Dave	30		3521 Loch			
	23. PART t. Enter the diseases, or	complications the	ceused the de	esth. Do not ent	er the mode of dying, su	ich es cardiac or reap	iratory arrest	Approximete
	ehock, or heart failure. IMMEDIATE CAUSE (Finel	Liet only one cau	se on each line	э.				intarvai Batween
	disease or condition	D - 0.	s: (d)	50	25.1			Onset and Death
	resulting in death)	S. OUE TO	(OR AS A CONSE	OUENCE OF:	pous			
_	_	Acin		1 30	dia			
CERTIFICATION	Sequentially list conditions,	b. OUE TO	OR AS A CONSE	DUENCE OFF	our.			
A	if sny, leading to immediate csuse, Enter UNDERLYING	drown	endia.	4/-	hoimo	12 1/2	1000	,
윤	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	OUENCE OF:	_recirio	V) CWS	ears	
ĘΙ	resulting in death) LAST		(01110110110011001	ochoc or j.				
		d						
- 1	PART II. Other significant condition	e contributing to	death but not r	eaulting in the	inderlying cause given i	n Part i. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA	=					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ᇤᅦ						1 D YES :	NO NO	OF DEATH?
Σ	-					— I		1 TES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER?	HOSPITAL:		ОТН	26. PLACE OF OEATH (C	check only one)		
Σ	1 TES 2 NO	1 Inpatient 2			ursing Home 5 - Residence	6 Other (Specify)		
품	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF (Month, D		28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW	NJURY OCCUR	ED
à	Natural 5 Pending Investigation			М	1 YES 2 NO			
60	3 Suicide 6 Could not be	28a. PLACE O building.	F INJURY — At ho	me, ferm, street, fa	ctory, office	28f. LOCATION (Street	end Number or I	Rural Route Number,
	4 Homicide determined					City or Town, State,		
ا ټ	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurred at the	time, data end place, and du	on to the coursels) and		
COMPLET								ouse(s) and mennar ae stated.
წ			201172711				one to the Co	ruse(s) and mennar as stated.
	29b. SIGNATURE AND TITLEJOF CERTIFIES	101			29c. LICENSE N	JMBER- /	29d OATE SI	GNED (Month, Day, Year)
B	Direcal. 1	nun	nach	Un.		0661	N	110111

29b. SIGNATURE AND TITLE/OF CERTIFIER		
Ineest impuremen	D 30 66	29d. OATE SIGNED (Month, Day, Year)

	THE SOME BETTER GROSE OF SERVIN (ITEM 21) (1900, PHIN)			, ,
Dr. Sireesh	6304 Kenwood Avenue	Suite 3	Baltimore.	MD 21237
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		DG T OT MOTE	
SEP 1 6 1991	Achie Davidson-Randelle			

in the cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DF ATTENTION TO THE FUNERAL DIF De filed within 72 hour

BALTIMORE, MARYLAND 21215-0020

OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

					CALE					REG. NO.			
	1. DECEDENT'S NAME (First, Middle								2. DATE O	DEATH			3. TIME OF DEATH
		EZRA CLEM			ma 1.4				MONTH 9	DAY	2 0	YEAR	11 40 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	t birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTHS/ I	2/21	8. BIRTH	PLACE (State or Foreign
	214-12-9855	1X□ M 2 □ F	75 70	YRS.	MONTHS	DAYS	HOURS	MIN.		2,191	6	BAL	TIMORE, MD
-	9e. FACILITY NAME (If not institution, give street end number)					TOWN (R LOCATI	ON OF DE			9c. COUN		
5	ST. AGNES HOSPITAL					BALT	IMOE	RE					
ក្ត	RESIDENCE OF DECEDE												
DIRECTOR	MARYLAND				, TOWN O								10d. INSIDE CITY LIMITS?
7	10s. STREET AND NUMBER				BALT	_							1 X YES 2 NO
FUNERAL	503 S. LONGW	MATERIA (IOA)				101	. ZIP COD				10g. CITIZ	EN OF W	HAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT	F 51000 III II 0 . 400					212				U.S	
	1 Never Married 2 Marrie	FORCES? 1	YES 2 X N	MED	11	yes, sp	ecity Cuba	n, Maxicar	n, Puerlo Ric	Specify Yee o	or No-	14. RACE Black,	- American Indian, White, atc.
B√	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	YES	2 (X NO	Specify				Specify	<i>y</i> :
COMPLETED	15. DECEDENT	'S EDUCATION	18e. DEC	CEDENT'S	JSUAL OC	CUPATIO	ON .		16b K	ND OF BUSIN	NEGG /INDI	ICTOV	WHITE
m.	(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gh	ve kind of w Do NOT use	ork done d	luring mo.	st of working	g	100.11		NESS/INDO	e ini	
4	5TH GRADE			APER	CUT	TER			BO	OK BI	MDEDI	7	
Ö	17. FATHER'S NAME (First, Middle, Li	est)					18. MOTI	IER'S NA		dle, Maiden Su		L	
BE (EDGAR CLEM								E WEI		,		
	19e. INFORMANT'S NAME (Type/Prin	()	19b.	MAILING	ADDRESS	(Street e				City or Town.	State Zin (Corde)	
5	MELVIN D. CLEM									LTIMOR			21224
	20e. METHOD OF DISPOSITION 1 Burlel 2 N Cremation 3	200110000000000000000000000000000000000	20b. PLACEA	ND DATE O	FDISPOSI	TION /Na			DATE	20c. LOCA			
	4 Donetion 5 Other (Specify	/) ————————————————————————————————————	METRO	CREN	ATOI	RY			1		TTMOR		
	21. SIGNATURE OF FUNERAL SERV						D ADDRES						
	1 (perse	W. Skan	ron		HUI	BBAR	D FU	NERA	L HOM	E INC.	•		
	23. PART I. Enter the disease	a. or complications that	caused the dea	oth Do no	141() / W	ILKE	NS A	VENUE	. BALT	LIMOR	RE. N	AD. 21229
	shock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Onset and Death												
2		DUE TO (OR AS A CONSECU	UENCE OF	i;								
rification	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A CONSEOL	UENCE OF)	:							4	
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR AS A CONSECU	UENCE OF)	:								
L CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEOL	UENCE OF)	:								
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CONSEOL	UENCE OF)	:					a. WAS AN AU PERFORME	JTOPSY	1	WERE AUTOPSY FINDINGS
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEOL	UENCE OF)	:				Pert I. 24	a. WAS AN AU	JTOPSY ED?		
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEOL	UENCE OF)	:				Pert I. 24	a. WAS AN AU PERFORME	JTOPSY ED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A CONSEOL	UENCE OF)	:	leriying	ceuse g	iven in F	Pert I. 24	a. WAS AN AU PERFORME	JTOPSY ED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER?	DUE TO (d. DUE TO (d. POSPITAL:	OR AS A CONSEOL	UENCE OF)	the und	deriying 28. PL	ceuse g	elven in F	Pert I. 24	WAS AN AU PERFORME YES 2	JTOPSY ED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con	DUE TO (c. DUE TO (d	OR AS A CONSEOL DR AS A CONSEOL Jeeth but npt re ER/Outpatient 3 [UENCE OF) UENCE OF)	the und	28. PLJ:	Ceuse g	ATH (Check slidence 8	Pert I. 24	WAS AN AU PERFORME YES 2 Decify)	JTOPSY ED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigations of the cause of the cau	DUE TO (c. DUE TO (d	OR AS A CONSEOL Geeth but npt re ER/Outpatient 3 [RNJURY	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	OTHER:	28. PL/:: :ng Home 28c. INJU WOF 1 Y	Couse g	EATH (Check sldence 8	Pert I. 24	WAS AN AU PERFORME YES 2	JTOPSY ED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (c. DUE TO (d	OR AS A CONSEOL DR AS A CONSEOL Jeeth but npt re ER/Outpatient 3 [UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	OTHER:	28. PL/:: :ng Home 28c. INJU WOF 1 Y	ACE OF DE	EATH (Check Bidence 8	Pert I. 24 1 1 Ck only one) Diher (S 28d. DESCR	WAS AN AU PERFORME YES 2 Decify)	URY OCCU	PRED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investig. 2 Accident Investig. 3 Suicide 6 Could n detarmine	DUE TO (c. DUE TO (d. DUE T	OR AS A CONSEOU OR AS A CONSEOU Deeth but not re ER/Outpatient 3 [NJURY — At hom tc. (Specify)	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	OTHER: OF M OF M OF M	28. PLI: :ng Home R8c. INJU WOF 1 □ Y	ACE OF DE	EATH (Check Bidence 8	Pert I. 24 1 Ck only one) Doher (S 286. DESCR	e. WAS AN AU PERFORME YES 2 Decity) DISE HOW INJUDENT (Street and own, State)	JTOPSY ED? J NO URY OCCU	IRED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investign of the process of the proces	DUE TO (c. DUE TO (d	OR AS A CONSEOU Deeth but not re ER/Outpetlent 3 [INJURY At hom tc. (Specify) y knowledge, deat	UENCE OF) UENCE	OTHER	28. PL/: : ng Home 26c. INJ/: WOF 1 U Y Try, office	ACE OF DE 8 Ra RRY AT RSS 2 Pend place,	EATH (Check sidence 8	Pert I. 24 1 1 Cok only one) Diber (S 28d. DESCR 28f. LOCATH City or 3	e. WAS AN AU PERFORME YES 2 Decity) BE HOW INJU ON (Street and own, State)	JTOPSY ED? NO URY OCCU If Number of	PRED r Rurel Roo	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investign of the process of the proces	DUE TO (c. DUE TO (d. DUE T	OR AS A CONSEOU Deeth but not re ER/Outpetlent 3 [INJURY At hom tc. (Specify) y knowledge, deat	UENCE OF) UENCE	OTHER	28. PL/: : ng Home 26c. INJ/: WOF 1 U Y Try, office	ACE OF DE 8	ATH (Check Bldence 8 NO no not due to the state to the st	Pert I. 24 1 1 Other (S 28d. DESCR 28f. LOCATH City or 3	e. WAS AN AU PERFORME PERFORME YES 2 Decity) Decity) DN (Street and own, State) B) end menne if place, end d	JTOPSY ED? INO URY OCCU I Number of	IRED IRED Couse(s)	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investig: 2 Accident Investig: 3 Suicide 6 Could in detarmine 29a. CETIFIER (Check only one) 2 MEDICAL EX. 29b. SIGNATURE AND TITLE OF CEE	DUE TO (c. DUE TO (d. DUE T	OR AS A CONSEOU DR AS A CONSEOU Deeth but npt re ER/Outpatient 3 [NJURY — At hom tc. (Specify) my knowledge, deat mination and/or in	UENCE OF) UENCE	OTHER: OTHER: OF Nursi OF A control of the time of time	28. PL/: : ng Home 26c. INJ/: WOF 1 U Y Try, office	ACE OF DE 8 Railer AT RAY AT RAY 2 Country at the occurrence of th	NO end due to did at the ill	Pert I. 24 1 1 Ck only one) Diber (S 28d. DESCR 28f. LOCATH City or 1 of the ceuse(lime, date end	e. WAS AN AU PERFORME YES 2 Decify) BE HOW INJU ON (Street and own, State) b) end menne d place, end d	ITOPSY ED? NO NO Number of Number of the stated due to the State of the stated due to the stated du	IRED A. Couse(s) (A. // Z.	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! VES 2 NO Lite Number, and menner es steted. Annth, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation one 1 CERTIFIER (Check only one) 2 MEDICAL EX.	DUE TO (c. DUE TO (d. DUE T	OR AS A CONSEOU DR AS A CONSEOU Deeth but npt re ER/Outpatient 3 [NJURY — At hom tc. (Specify) my knowledge, deat mination and/or in	UENCE OF) UENCE OF)	OTHER OTHER OF OF OPEN	28. PL/: :- :- :- :- :- :- :- :- :- :- :- :- :-	ACE OF DE 8 Railer AT RAY AT RAY 2 Country at the occurrence of th	NO end due to did at the ill	Pert I. 24 1 1 Ck only one) Diber (S 28d. DESCR 28f. LOCATH City or 1 of the ceuse(lime, date end	e. WAS AN AU PERFORME YES 2 Decify) BE HOW INJU ON (Street and own, State) b) end menne d place, end d	ITOPSY ED? NO NO Number of Number of the stated due to the State of the stated due to the stated du	IRED A. Couse(s) (A. // Z.	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO ute Number,

	**
46	,
Ė	
-	
BOX 13146,	
Ô	
m	,
o.	
~	
0	
'n	
ă	
Œ	
Ö	
S	
RECORDS, P.O. I	
₹	
>	
OF VITAL	
0	
Z	
0	
S	
5	
DIVISION	

TO BE COMPLETED BY FUNERAL DIRECTOR	IMPURIANT: If the commence, of item 23 shows any injury, or other desirant event, are mounted to BE COMPLETED SY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It is not continued, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
menthis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s much the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNEPAL DIBLEGION WAS THIS CATIFICATE has been signed by the attending physician and completely filled in by the filed within 72 in the properties with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

LECENTRY BANKE (FISE MONE), LESS CALLED AND ALLE E NAME (First and MONE) IF SHEET THAN IN LEGER IN THE ALLEGE AND ALLEGE AND AND ALLEGE AND ALL	1	FOR STATE REGISTRAR		STATE OF M	MARYLAN	D / DEPAR CERTIFI			EALTH AND ! DEATH	MENTA	L HYGIEN REG. NO.	E	91	24936
TREATMENT PARKET FOR MATCH ACCOUNTED 1. PROTECTION TO MATCH ACCOUNTED 1.	1.	DECEDENT'S NAME (First	, Middle, Last)	NALT	ER	Walter	John	Ca	rey			ž. 9		
Security same for an immunity, and instance and numbers ARA BORD HOSPITAL BRITISHEN RESIDENCE OF DECEDERY MAY JAING Anne Arundel Securit Town on Location Baltimore Security Same for Decedery May Jaing Security Town on Location Baltimore Security May Jaing Security Town on Location Baltimore Security Security Town on Location Security May Dodg U.S. A.	4	2 18 0 1	1214		41				1			15	8. BIRTNP Country	Second Control of the
THE STATE OF DECEDENT MAY JAIN Anne Arundel Battimore Sequentially list conditions, and annexes or personal sequentially in death plant or resulting in death plant or listenses or conditions of mental listenses or conditions or inspirate conditions. Sequentially ilst condit	94	HARBOR	1.		-					ATN				ATH
Maryland Anne Arundel Baltimore 18. 20 CODE 18. CTEETS OF WAS COUNTY 19. A 18. AND COMMENT 18.	-			,										104 INSIDE CITY
The STREET AND NUMBERS 100 O Green 100 O		-1717			1				ON					LIMITS?
The Mark Statute 12 Married	10	a. STREET AND NUMBER						10f.	ZIP CODE			10g. CITI		
Security Married 2 Desired 1 PVES, GOVE WAN OR DATES 1 PVES, GOVE WAN OR DATES 1 PVES, GOVE WAN OR DATES 1 PVES, GOVE WAN OR DATES 1 PVES, GOVE WAN OR DATES 1 PVES, GOVE WAN OR SUBMISSION ON SUBMINISTING WAS AN OR BUBINESS HOUSTRY (So for d'are close during good of evoluting (size and even close during good of evoluting (size and even close during good of evoluting (size and even close during good of evoluting (size and even close during good of evoluting (size and even close during good of evoluting the Maction Surrems) 12 th MORENTS NAME (First, Models, Maction Surrems) 12 th MORENTS NAME (First, Models, Maction Surrems) 12 th MORENTS NAME (First, Models, Maction Surrems) 13 th MORENTS NAME (First, Models, Maction Surrems) 14 th MORENTS NAME (First, Models, Maction Surrems) 15 th MORENTS NAME (First, Models, Maction Surrems) 15 th MORENTS NAME (First, Models, Maction Surrems) 16 th MORENTS NAME (First, Models, Maction Surrems) 16 th MORENTS NAME (First, Models, Maction Surrems) 16 th MORENTS NAME (First, Models, Maction Surrems) 16 th MORENTS NAME (First, Models, Maction Surrems) 16 th MORENTS NAME (First, Models, Maction Surrems) 16 th MORENTS NAME (First, Models, Maction Surrems) 16 th MORENTS NAME (First, Models, Maction Surrems) 16 th MORENTS NAME (First, Models, Maction Surrems) 16 th MORENTS NAME (First, Models, Maction Surrems) 16 th Morents Name (First, Models, Maction Surrems) 16 th Models Name (First, Models, Maction Surrems) 16 th Models Name (First, Models, Maction Surrems) 17 th Models Name (First, Models, Maction Surrems) 17 th Models Name (First, Models, Maction Surrems) 17 th Models Name (First, Models, Maction Surrems) 17 th Models Name (First, Models, Maction Surrems) 17 th Models Name (First, Models, Maction Surrems) 18 th Models Name (First, Models, Maction Surrems) 18 th Models Name (First, Models, Maction Surrems) 18 th Models Name (First, Models, Maction Surrems) 18 th Models Name (First, Models, Maction Surrems)	L	400 Green	land B	each Roa	.d				21226			U.	S.A.	
St. Decement's Demonstration Stephanomy St. Decement is used to provide any plant of providing plant of providing (in the Care of it) St. Decement is used in the state of providing part of severing (in the Care of it) St. Decement is used in the state of providing in the Care of its Months is an experiment of severing (in the Care of its Months is an experiment of severing in the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment of the Care of its Months is an experiment o	1	☐ Never Married 2 🔀		FORCES? 1	YES 2	. IX NO	lt lt	yes, spe	city Cuban, Mexica	n, Puerto		or No—		<i>i</i> :
To Price Processing 19-07 12th Grade 1		15. DEC	EDENT'S EDU	CATION completed)	18	a. DECEDENT'S	USUAL OC	CUPATIO	N et of working	16	b. KIND OF BU	BINESS/IND	USTRY	WILLOC
Sturgeon Carey 196. MRTHO FORDES 197. MAILE Forbes 198. MRTHO FORDES 198. MRTH FORDES 198. MRTH FORD		Elementary/Secondary (0-12)		+)	life. Do NOT us	e retired.)				Air Co	orp.	Co.	
Ten. MALING ADDRESS (Drow and Number or Pauri Pouris Number, Cay or Davin, Davin, Zip Code) Walter Carey Sr.	17	FATHER'S NAME (First, A							16. MOTNER'S NA	ME (First,	Middle, Maiden	Surname)		
Walter Carey Sr. 402 Greenland Beach Road Baltimore, Maryland 21226 10 Burla 25 Creasion 5 In Removal from State 10 Burla 25 Creasion 5 In Removal from State 10 Burla 25 Creasion 5 In Removal from State 10 Burla 25 Creasion 5 In Removal from State 10 Burla 25 Creasion 5 In Removal from State 10 Burla 25 Creasion 5 In Removal from State 11 Burla 25 Creasion 5 In Removal from State 12 RAMA AND ADDRESS OF FACILITY CENTER THE STATE IN REMAINS A CREATION OF CREATION OF A CREATION OF CREATION OF A CREATION OF CREATION OF A CREATION OF CREATION OF A CREATION OF CREATION OF A CREATION OF CREATION OF A CREATION OF CREATION OF A CREATION OF A CREATION OF A CREATION OF C	L	- MIPODIA ANTIO MANE		turgeon	Carey	T	400mE00	<i></i>				- Oten Tie	Codel	
20. METADO OF DISPOSITION Burlar 25/ Chemation 3 Removal from State Burlar 25/ Chemation 3 Removal from State Disposition (Plane of currently, committing) or Sec. LOCATION — City or Town, State Baltimore, Maryland Considering or Metal Disposition Sec. Location — City or Town, State Baltimore, Maryland Considering or Metal Disposition Sec. Location — City or Town, State Baltimore, Maryland Considering or The Committee Consider	"													rvland 21226
22. NAME AND ADDRESS OF PRICITY GEORGY J. GONCE FUNCETAL HOME P. A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or emplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, increase and ince. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury list initiated werets resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 4. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRIED TO MEDICAL EXAMINER: 1 Major M	1	na, METHOD OF DISPOSIT	TION on 3 - Rem	oval from State	ott	ACE OF DISPOS	SITION (Nar	ne of cen	etery, crematory or	noa	20c. LO	CATION —	City or Tow	vn, Stata
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 22. Pastri. Enter the diseases, or semifications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest Between changed in the conditions and the conditions of	-			CENSEE	_ Met	ro Cre				CILITY	Ba	altım	ore,	Maryland
## One of the art failure _ Lifet only one ceuse on each line. Interval Between Onset end Death		· Don	am	Zran	niso	wski	G	eorg	e J. Gor	nce				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 1	II d	shock, or h MMEDIATE CAUSE (Fi Issass or condition_	eart failure.	Lifet only ona ce	use on each	ilne.					rdisc or resp	iratory an	rest,	interval Between
If any, leading to immediate cause. Enter UNDERLYMRG CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A		- Cardio Varrulas disease.												
that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) 27. WANNING OF DEATH 1 Yes 2 NO 28. PLACE OF DEATN (Check only one) 29. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 21. DATE PRED Month, Day New) 31. DATE PRED Month, Day New) 32. DATE PRED Month, Day New) 33. DATE PRED Month, Day New) 34b. DATE PRED Month, Day New) 34c. DATE PRED Month, Day New) 35c. DATE PRED Month, Day New) 36c. DATE PRED Month, Day New) 37c. DATE PRED Month, Day New) 37c. DATE PRED Month, Day New) 37c. DATE PRED Month, Day New) 37c. DATE PRED Month, Day New	III o	any, leading to imme ause. Enter UNDERLY	diate	C										
25. WAS CASE REFERRED TO MEDICAL EXAMINERY YES 2 NO NOMEDITION OF CAUSE OF DEATH 1 YES 2 NO NOMEDITION OF CAUSE OF DEATH 1 YES 2 NO NOMEDITION OF CAUSE OF DEATH 1 YES 2 NO NOMEDITION OF CAUSE OF DEATH 1 YES 2 NO NOMEDITION OF CAUSE OF DEATH 1 YES 2 NO NOMEDITION OF CAUSE OF DEATH 1 YES 2 NO NOMEDITION OF CAUSE OF DEATH 1 YES 2 NO NOMEDITION OF CAUSE OF DEATH 1 YES 2 NO NOMEDITION OF NUMBER NOM			эт [d.	O (OR AS A CO	DNSEQUENCE OF	F):							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? Was W	F	ART II. Other signific	ent condition	ns contributing to	death but	not resulting	in the un	derlying	cause given in	Part I.			24b.	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 OTHER: 1 Stripetiant 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA A Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY 28b. TIME OF NURY AT WORK? 1 YES 2 NO NURY M 1 YES 2 NO 28c. PLACE OF INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY AT NURY M 1 YES 2 NO 28c. PLACE OF INJURY AT NURY M 1 YES 2 NO 28c. PLACE OF INJURY AT NURY M 1 YES 2 NO 28c. PLACE OF INJURY AT YES 2 NO 28c. PLACE OF INJURY AT NURY M 1 YES 2 NO 28c. PLACE OF INJURY AT NURY M 1 YES 2 NO 28c. PLACE OF INJURY AT YES 2 NO 28c. PLACE OF INJURY AT NURY M 1 YES 2 NO 28c. PLACE OF INJURY AT YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 YES 2 NO YES 2 YES 2 NO YES 2 YES 2 NO YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES											1 TYES	NO 🗆		DF DEATH?
EXAMINER? YES 2 NO 1 Greatest 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)														1 HES 2 NO
1 YES 2 NO 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNSR OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO Number or Rural Route Number, City or Town, Stete) 28c. INJURY AT WORK? 1 YES 2 NO Number or Rural Route Number, City or Town, Stete) 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO Number or Rural Route Number, City or Town, Stete) 28c. INJURY AT WORK? 1 YES 2 NO Number or Rural Route Number, City or Town, Stete) 28c. INJURY AT WORK? 1 YES 2 NO Number or Rural Route Number, Number or	2		TO MEDICAL						ACE OF DEATH (C)	heck only	one)			
1 Natural 2 Accident 3 Suicide 8 Could not be datermined 2 Nomicide 6 Could not be datermined 2 Nomicide 6 Nomicide 7 Nomicide 8 Nom	١.				☐ ER/Outpatia	ent 3 🗆 DOA			e 5 🗆 Residence	6 🗆 Ot	her (Specify)			
3 Sulcide 4 Nomicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 31. DATE FILED (Month, Deg. Year) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Deg. Year) 32. REGISTRAR'S SIGNATURE	2	1 Netural 5		28a. DATE O (Month,	F INJURY Day, Year)	28b. TIM	JURY	WO	RK?	28d. D	EŞCRIBE NOW	INJURY OC	CURED	
(Check only 1 CENTET INC. PHYSICIAN: 10 the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS-OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Degs Year) 32. REGISTRAR'S SIGNATURE		3 Suicide 8	Could not be	28e. PLACE building	OF INJURY — p, etc. (Specify)	At home, farm,	street, fact	ory, affic	•	28f. LC	OCATION (Street ty or Town, State	and Numbe	r or Rural R	loute Number,
A \$10 Ze MUNCLE. M.D. 30. NAME AND ADDRESS-OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DR. A FROZE MUNEER HAP 7896 L TALL PINES COURT. GLEN PSUR NIE. 31. DATE FILED (MONTO, Degs Year). 32. REGISTRAR'S SIGNATURE	2	(Check only) and manner as stated.
30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, Print) DR. AFROZE MUNEER HAP 7896 L TALL PINES COURT GLEN PSUR NIE 31. DATE FILED (MONTO, Den Voll) 32. REGISTRAR'S SIGNATURE	2	A LOZ	E OF CERTIFIE	10 000	٠.	M · N			29c. LICENSE NU	IMBER		29d. DAT	01	_
31. DATE FILED (Month, Dem Yout) 32. REGISTRAR'S SIGNATURE	3	NAME AND ADDRESS	PERSON WI	O COMPLETED CA	USE OF DEATH	H (ITEM 27) (Type	, Print)	DR.	AFROS	LE	MUN	EER		
SEP 1.6 1991 Julia Davidson-Randale		HAP 7R9	6 L T	ALL DIN	NEC	(min D	T	(11	TAI D	d11	S MIE	•		

11. 12. 11

BALTIMORE, MARYLAND 21215-0020

fetach		once.
. 9		#
5 should		otified
ane		be
ector.		must
the funeral director, page 5 should be detach	2 for a minimal death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in by the	ir removal.	nedical e
filled	ou, 0	he m
mpletely	. cremati	event, t
n and co	to burial	matic (
physicia	e prior	er trau
nding	Hygier	or oth
the afte	Mental	njury,
ed by	th and	any in
n Sign	# Heal	SWO!
S bee	ept.	23 84
ate ha	tate D	lem ;
ertific	the S	0r i
this c	WITH	ked,
Affect	deeth	E ma
6	#	1 82
To the	Ä	Item
羅	2	=

	1. DECEDENT'S NAME (First, Middle, La ELIZABET	H IULII	7 DUR	KAN		2. DATE OF DEATH MONTH DAY	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 2/8-03-2526 9a. FACILITY NAME (If not institution, gir	2 15 42XF	Sef YRS.	MONTHS DAYS	HOURS MIN.	ODATE OF BIRTH (Month, Day, Year) (MORTH, 23, 1907)	8. BIRTHPLACE (State or Country) BALTO, M
DIRECTOR	MERIDIAN CH RESIDENCE OF DECEDENT	RUYWELL			IMORE	10.15	BACTIMUS
	10a. STATE 10b. COU B. 10a. STREET AND NUMBER	ALTIMOR		BACTII	nore		10d. INSIDE CI LIMITS? 1 YES 2
FUNERAL		ESFORD 12. WAS DECEDENT E			Z/234	- 0	SA
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 NO	If yea, ap	pecify Cuben, Mexican, IS 2 NO Specify:	Puarto Rican, aic.)	14. RACE — American in Black, Whita, atc. Specify:
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 5+)	(Give kind o	, .	ON ost of working OPERIOR	166. KIND OF BUSINESS/INDI	USTRY
BE COMPL		CULTON PO	SMAMO		18. MOTHER'S NAME	(First, Middle, Maiden Sumame) INNE SCHOOL	
10	19a. INFORMANT'S NAME (Type/Print) DR. FAMES DE 20a. METHOD OF DISPOSITION	seem	1041	114BIM	BD. WELL	te Number, City or Yown, State, Zip ESLEY, MASS. C	Code) 02/8/
	1 Buriel 2 Cremation 3 Ri 4 Donation 5 Other (Specify)		20b. PLACE AND DATE Competery, crematory or	other place) S CHU	ACH OCH &	ITV	MD.
	23. BARY I. Enter the diseases, canock, or heart failur	Jolon		2521	LOCH RAY	VERAL HOME	ALTO 212.04
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. Due po-tor	year	S A	rhy	Limias	Approximation interval in Onset ar
ERTIFICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discess or injury that initiated events resulting in death) LAST	c. OUE TO (OF	AS A CONSEQUENCE (OP):			
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	. a	The same and the same as		g ceuse given in Par	PERFORMED?	24b. WERE AUTOPSY AWAILABLE PRIOF COMPLETION OF OF DEATH?
AN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other aignificant conditi	ions contributing to de	eth but not fosuiting	in the underlying	ACE OF DEATH (Check	PERFORMED? 1 YES 2 NO only one)	AVAILABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL: 1 Impatient 2 Es. DATE OF INN. (Month, Day, 1)	eth but not fosuiting futtur an cl 2/Outpetlant 3 DOA	26. PL OTHER: 4 Chupmy Nom	ACS-OF DEATH (Check	PERFORMED? 1 YES 2 NO only one)	AVAILABLE PRIOR COMPLETION OF OF DEATH?
ED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 EF	eth but not fesuiting full transfer of the state of the	26. PL OTHER: 4 Chupping Nom ME OF 28c. INJ JURY WO 1 1	ACE OF DEATH (Check to 5	PERFORMED? 1 YES 2 NO only one)	AVAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the condition of the conditions are successful to the condition of the conditions are successful to th	HOSPITAL: 1 Inpatient 2 ET	eth but not fesuiting full transport of the state of the	26. PL OTHER: 4 C Numbers Nom ME OF 28c. INJ JURY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH (Check to 5 Rasidence 8 URY AT PIES 2 NO a 26 and place, and due to to	PERFORMED? 1 YES 2 NO only one) Other (Specify) Id. DESCRIBE NOW INJURY OCCU Off, or Town, State)	AWAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2 URED W Rural Route Number,
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the condition of the conditions are successful to the condition of the conditions are successful to th	HOSPITAL: 1 Impatient 2 En 28a. DATE OF IND (Month, Day, 1) 28a. PLACE OF IND WISICIAN: To the best of my NER: On the base of axam	2/Outpetlant 3 DOA 2/Outpetlant 3 DOA 1/Outpetlant PL OTHER: 4 Numbers Nom M OF 28c. INJ UNY M 1 Nom street, factory, office	ACE OF DEATH (Check to 5 Rasidence 8 URY AT PIES 2 NO a 26 and place, and due to to	PERFORMED? 1 YES 2 NO only one) Other (Specify) Id. DESCRIBE NOW INJURY OCCU Off or Town, State) The cause(a) and manner as states a, data and place, and dua to the	AWAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2 URED W Rural Route Number,	

iit. Pages 1, 2, 3 should

- CONTRACT	ding parfected	10 10 10 10 to 10 10 to 10 10 to 10 10 to 10 10 to 10 10 to 10 10 to 10 10 to)
TALL CITY	the hospital or atte	e detached for use a		t once.
1	6 may be retained by	ctor, page 5 should b		nust be notified a
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending any	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an the page 10 to the detached for use and the page 10 to the page 10 t	or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
600000	e executed within 24 n	an and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	umatic event, the
1	the death certificate by	the attending physicia	Mental Hygiene prior	njury, or other tra-
	he law requires that t	has been signed by	e Dept. of Health and	m 23 shows any i
	NDING PHYSICIAN: T	R: After this certificate	ir death with the Stat	is marked, or ite
	HOSPITAL OR ATTE	FUNERAL DIRECTOR	within 72 hours afte	ITANT: If Item 28
	THE	THE THE	be filed	IMPO

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE
REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE
REG. N

1. DECEDENT'S NAME (First, Middle,			ICATE O		REG.			
CARROLL	Lest)		DEBU:		2. DATE OF DEAT		YEAR 91	3. TIME OF DEATH 12:05 A
4. SOCIAL SECURITY NUMBER 216 15 9047	1 🔀 M 2 🗆 F	AGE (In yrs. lest birthday) 84 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Morith, Day, Yea 11/16/1	l or)	8. BIRTHI Country	PLACE (State or Foreign
90. FACILITY NAME (If not institution, INSTITUTE OF RESIDENCE OF DECEDEN	EMERGENCY			N OR LOCATION OF D			NTY OF DE	ATH
10a. STATE 10b. C	Anne Arundel		y, town on Loc					10d. INSIDE CITY LIMITS? 1 YES 2 V NO
100. STREET AND NUMBER 315 - 5th Ave	enue			10f. ZIP CODE 21225			S.A.	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Specif	in, Puerto Rican, atc.	Yes or No—		- American Indien, White, etc.
15. DECEDENT: (Specify only highest Elementary/Secondary (0-12) 8th Grade	S EDUCATION grade completed) Coffege (1-4 or 5+)	16a, DECEDENT'S (Give kind of v life. Do NOT us	vork done during se retired.)	TION most of working	16b. KIND OF	BUSINESS/INC	DUSTRY	
17. FATHER'S NAME (First, Middle, Las	st)		2.702	18. MOTHER'S NA	ME (First, Middle, Ma	iden Surname)		
	Lewis Debu	IS		Matt	te Debus	3		
19a. INFORMANT'S NAME (Type/Print))			t and Number or Rural				
Robert West					ırt Fall	ston,	Mary:	land 21047
20a. METHOD OF DISPOSITION 1		20b. PLACE AND DATE Cometery, crematory or of Metro Cre	matory,	Inc.	9-16 E	LOCATION -		Maryland
21. SIGNATURE OF FUNERAL SERVI	M3	missurk	/ Geor	and address of fa ge J. Got Ritchie	our nce Funer	al Hom	e P.	Α.
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	NECK INJUI AS A CONSEQUENCE OF	7):	7				Onset and Deal
CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEQUENCE OF	7):				<u> </u>	
PART II. Other algnificant cond	ditiona contributing to dea	ith but not reaulting i	n the underly	ing cause given in	PER	AN AUTOPSY FORMED? S 2 \(\square\) NO		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL HOSPITAL:		26.	ng cause given in	1X) YES	FORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X YES 2 \(\text{NO} \) NO	AL HOSPITAL:	/Outpetlent 3 DOA	26. OTHER: 4 □ Nursing Ho	PLACE OF DEATH (Ch	PER 1 X YES	FORMED? S 2 NO		MANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY I YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural Pending 2 Accident	AL HOSPITAL: X inpetient 2 = ER 25e. DATE OF INJI (Month, Day, N 9 - 12 - 91	/Outpatient 3 DOA JRY 26b. TIME INJU 1 1 2 1	26. OTHER: 4 Nursing Ho E OF 28c. II JRY 1	PLACE OF DEATH (Chome 5 □ Residence NJURY AT VORK? YES 2 X NO	PER 1 X YES	FORMED? S 2 NO		MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural Pending	AL HOSPITAL: X Inpetient 2 = ER 25e. DATE OF INJI (Month, Day, N 9 - 1 2 - 9 1 28e. PLACE OF INJ building. etc.	/Outpetlent 3 DOA JRY 260. TIME (INJUST) 1 1 1 1 JURY — At home, farm, s	26. OTHER: 4 Nursing Ho E OF 28c. II JRY 1	PLACE OF DEATH (Chome 5 Realdence NJURY AT VORK? 2 X NO	ack only one) 6 Other (Specify) 28d. DESCRIBE HO AUTO AU 261. LOCATION (Sir. City or Yown, Si	FORMED? S 2 NO W INJURY OCC TO IM oot and Number	CURED DI PACT	MANIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural Pending Investigation of the Could not detarming the Check only 29c. CERTIFIER (Check only)	AL HOSPITAL: X Inpetient 2 = ER 25e. DATE OF INJI (Month, Day, N 9 - 1 2 - 9 1 28e. PLACE OF INJ building. etc.	/Outpetient 3 DOA JRY 26b. TIME INJUITY 1 1 1 1 JURY — At home, farm, s (Specify) STREET Knowledge, death occurre	26. OTHER: 4 Nursing He E OF URY 1 A 1 Arset, factory, off	PLACE OF DEATH (Ch ome 5 ☐ Realdence NJURY AT VORK?] YES 2 [X] NO Ica	eck only one) 6 □ Other (Specify) 28d. DE\$CRIBE HO AUTO AU 281. LOCATION (Str. City or Town, St RTE 2 G to the cause(s) end	FORMED? S 2 NO W INJURY OCC TO IM Doct and Number LEN B menner ea state	CURED DI PACT OF RURBI RO NANC URNI	MANIABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO RIVER UND Number, E RD. &
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural Pending Investigation of the Could not detarming the Check only 29c. CERTIFIER (Check only)	AL HOSPITAL: 1X Inpetent 2 ER 25e. DATE OF INJ (Month, Day, M 9 - 1 2 - 9 1 28e. PLACE OF IN building, etc. PHYSICIAN: To the best of my I MINER: On the bests of exami	/Outpatient 3 DOA JRY 265. Time INJI 1 1 1 1 JURY — At home, farm, s (Specify) STREET Knowledge, death occurrenation and/or investigation	26. OTHER: 4 Nursing Ho E OF 28c. II TA 1 The street, factory, off	PLACE OF DEATH (Ch ome 5 ☐ Realdence NJURY AT VORK?] YES 2 [X] NO Ica	ack only one) 6 Other (Specify) 28d. DESCRIBE HC AUTO AU 281. LOCATION (SIN City or Town, SIN RTE 2 G to the cause(a) end time, data and place	TO IM menner ea stat , and dus to the	CURED D) PACT OF RURAL ROY NAN 1 ed. ec coupe(a)	MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO RIVER LIVER LIVER LIVER LIVER AND & & AND & AND & Month, Day, Year)

DHMH-16 Rav 1/89

TO BE COMPLETED BY FUNERAL
CERTIFICATION

PHYSICIAN: MEDICAL

COMPLETED BY

BE 2 29a, CERTIFIER

296. SIGNATURE AND TITLE OF GERTIFIER

Bill Greer,

31. DATE FILED (Month, Day, Year)
SEP 16 1991

DIRECTOR

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions,

If any, leading to immediate cause, Enter UNDERLYING

CAUSE (Disesse or injury

reaulting in death) LAST

that initiated events

certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ins after death. Page 6 may be retained by the hospital or attending physician. executed within PMYSICAN; The law requires that the death certificate be marked, or E S 器 TO THE FUNERAL
TO THE FUNERAL
De filed within 72

									91	24939
FOR STATE REGISTRAR	STATE OF I			MENT OF I			MENTAL HYGIENI REG. NO.	E		LAJOJ
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		YEAR	3. TIME OF OEATN
Alvidio	Espe	osito					Sept 13	•	991	1:30 a. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER	-	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
207 28 2059	1 □ x 2 □ F	91	YRS.	ONTHS DAYS	HOURS	MIN.	July 16,1	900	Ita	
9a. FACILITY NAME (If not institution, give at	FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH							9c. COU	INTY OF D	EATH
794 S, Baltimore	Ave			Ocea	ın Ci	ty		Wo	rcest	ter
RESIDENCE OF DECEDENT										
10e. STATE 10b. COUNTY	<i>'</i>			TOWN OR LOCA						10d. INSIDE CITY LIMITS?
Penn sylvania			Phili	adelphi	a					1 XYES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE								10g. CI1	IZEN OF V	YNAT COUNTRY?
518 N. 64th Street 19151 USA										
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF NISPANIC ORION? (Specify Yea or No-Black, White, atc.) 14. RACE — American Indian, Black, White, atc.							E — American Indian, k. White, atc.			
1 Never Married 2 Netarried	IF YES, GIVE Y	WAR OR DATES	•		2 XNO	Specify			Spec	Mer
3 Widowed 4 Divorced					-	1111				"" White
15. DECEDENT'S EDUC (Specify only highest grade		(Gh	e kind of wor	BUAL OCCUPATI		9	18b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	Coilege (1-4 or 5	+) //fe.	Do NOT use	retired.)						
8		Mea	t Dea	aler Bu	sines	S	Grocery	/		
17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NA	ME (First, Middle, Maiden	Sumame)		·
Alexander Espo	sito	_			Liz	ette	e Scopetta			
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING A	DDRESS (Street	and Number	or Rural i	Route Number, City or Town	n, State, Z	ip Code)	
Nancy M. Esposi	to Sacca	79	4 s.	Baltim	ore A	ve.	Ocean C	ity.	Md.	21842
20a. METHOD OF DISPOSITION		20b. PLACE C	F DISPOSIT	ION (Name of ce	metery, crem	atory or			City or To	own, State
1 XBuriel 2 Cremation 3 Reme	oval from State	other pla	.,	- C-			Rei	clin	Md.	
21. BIGHATURE OF UHBRAL SERVICE LIC	SENIORE	Lvei	gree	n Ceme	tery			1111,	wiu.	
21. SIGNAL DISC. SERVICE DO	ENSCE			22. NAME A	NU ADDRES	S OF FA	Burba	ge	Fune	ral Home
M. Keil / Su	whate.			108	Williar	ns S	St., Berlin	_		
23. PART i. Emer the diseases, or cahock, or heart failure.	complications the	ot coused the dea	th. Do no	t anter the me	ode of dyle	ng, auc	h as cardiac or respi	ratory s	rrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final	O one ca)	1							Onset and Death

PART II. Other algnificant condition	a contributing to deeth but not	reaulting in the u	inderlying ceuse given in		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHE	28. PLACE OF DEATH (Ch		SALES I	<u></u>
27. MANNER OF DEATH 1 Netural 5 Pending Proceedings Proceded Proceedings Proceedings Proceedings Proceedings Proceedings Proceedings Proceedings Proceded Proceedings Proceedings Proceded Proceedings Proceded Proced	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞ	CRIBE HOW INJURY OCCU	RED
3 Suicide a Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, street, fa	ctory, offica		ATION (Street and Number of or Town, State)	Rural Route Number,

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atated.

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 MEDICAL EXAMINER: On the basis of

M.D.	10th	St.	ફ	Phila	Ave.	Ocean	City	Md	219/12
REOIS PRAR'S SIG	GNATURE L	22							

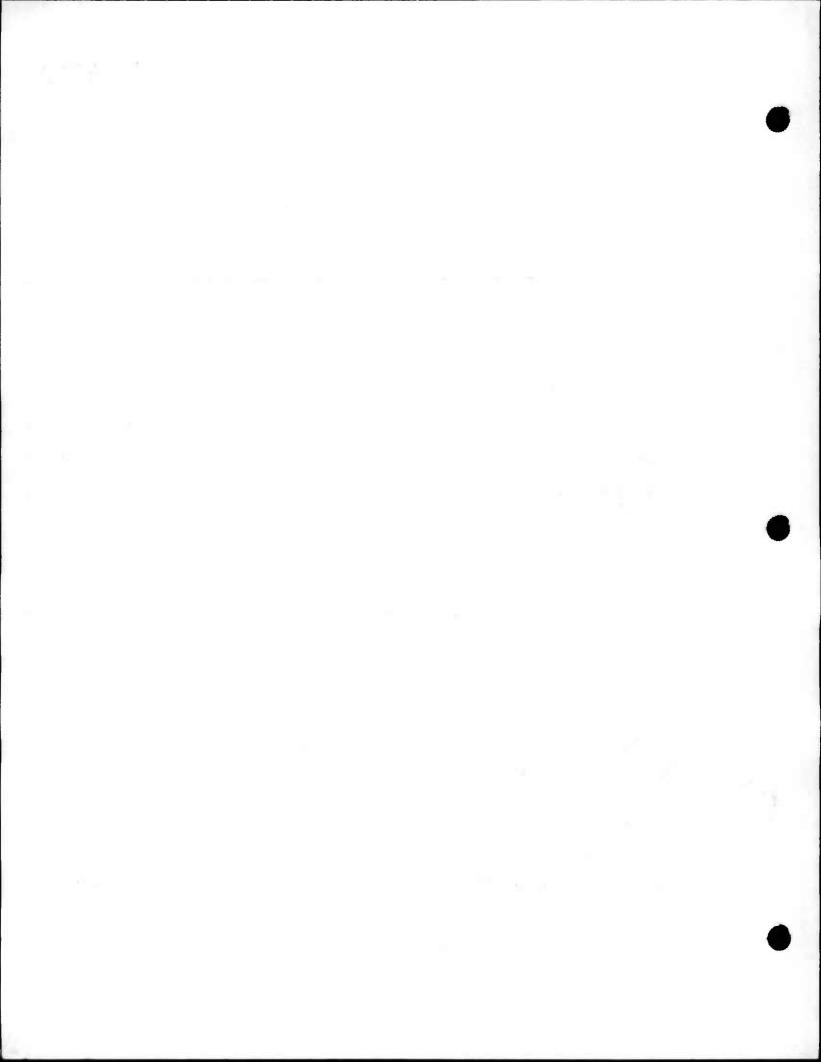
D-357

-ya

DUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

29d. DATE SIGNED



FOR STATE REGISTRAR

1 -

9	2
Je.	the
aff	3
URS	=
8	8
24	J.
ij.	ely
星	름
D	E.
5	o p
900	and a
90	an in
2	Sec.
Fea	€
5	8
0	ē.
eat	atte
0	e.
=	N I
tha	P
Sa	90
Ē	S
5	ee
W.	S
92	2
E	ate
AN	tific
36	Se
Ξ	sie
0.	E
N	Affe
꾶	à
E	2
OC.	RE
0	0
B	桑
SP	ME
오	3
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu
10	10
F	F

	1. DECEDENT'S NAME (First		e Gernh	andt.			-			2. DATE O		AY 91	YEAR	3: 30 A.
	4. SOCIAL SECURITY NUM 216-76-516	BER	5. SEX	6. AGE (In yrs. In	ast birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE O (Month,	F BIRTH Day, Year)		6. BIRTHPI Country)	ACE (State or Foreign
OR	9a. FACILITY NAME (W not Belair (or	institution, give str						OR LOCATI		EATH	07	9c. COUNT	TY OF DEA	
DIRECTOR	RESIDENCE OF DE	10b. COUNTY				y, town of Balt								od. INSIDE CITY LIMITS?
ERAL D	10e. STREET AND NUMBER	100. STREET AND NUMBER 26 South Madiera Street						10f. ZIP CODE 2/23/						XVES 2 NO
BY FUNI	11. MARITAL STATUS 1 PC Never Married 2 C 3 Widowed 4 Dh	RMED		If yes, sp		n, Mexica	NIC ORIGIN? in, Puerto Ri y:		s or No—	14. RACE - Black, Specify.	- American Indian, White, etc.			
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCL (Give kind of work done durishing. Do NOT use retired.) Disable						ne during most of working d.)							
E COMPL	17. FATHER'S NAME (First,	Middle, Lest) Gernhan	rdt							ME (First, M.		Sumame)		
TO B	190. INFORMANT'S NAME.				7033							wn, Stete, Zip	Code)	
	20a. METHOD OF DISPOSI 1 PCBuriet 2 Cremet 4 Donation 8 Other	ton 3 🗆 Remo	val from State		E ANO OAT				m.	9-/7-		ocation — c		n, Stete
	21. SIGNATURE OF FUNER		ensee	len		22.	NAME A	AND AGORE	SS OF FA	CILITY			6224	ern Ave.
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death													
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting						PERI				N AUTOPSY PRMED? 2 NO		WERE AUTOPSY FIND MARLABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		PLACE OF I	DEATH (C)	heck only one)			
PH	1 VES 2 NO 27. MANNER OF DEATH 1 Neturat 5	Pending	28e. DATE O	ER/Outpatient F INJURY Day, Year)	28b. TII		28c. IN	JURY AT		8 Other		INJURY OCC	URED	
ЕТЕО ВУ	2								oute Number,					
COMPLE	CONSCIN DAMY	17	Chan: To the best of											and menner as state
TO BE C	14	LE CENTIFIER	1	M	2	-		Do	ENSE NU	3 49	0	19	P//S	Moren, phi was
ř	30. HAME AND ADDRESS	H	PRFO	RO	R	e, Print)		B	4c	50	. /	ns	- 4	21214
	SEP 1.6	1991		idoon-Pan										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

24940

OHMH-16 Rev 1/89

Dimin 15

permit. Pages 1, 2, 3 should

detached for use as the burial-transit

90 notified at

il director, page 5 should

once.

pe

must

examiner

death.	funer	эхаші
TO THE HISPITAL OF ATTENDAGE PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera he fied within 72 hours after death with the State Deot. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
24	fille tion.	the
d within	crema	event,
execute	to burial	matic
9	Siciar	tra
certificat	fing phy ygiene p	other
att	tten rtal H	1, 0
the de	Men d	in
that	ned by	any
equires	en sign	hows
J. M.	ept.	23 8
The	cate his	Item
CIA	ertifi the	0
PHYS	or this o	arked,
8	Afte	E
Ē	TOR	28
E	DIREC	Hem
隧	祖記	=
皇	FUNE	TANT
署	THE fied	POR
5	2 8	3

BE

2

M. Shah MD

. M. SHAM

16

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BIN SCIURE

- Randelle

32. REGISTRAR'S SIGNATURE Lika Davidson

24941 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Middle Last) 3. TIME OF DEATH 2. DATE OF DEATH -becca 50ugt 0-00 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 9-22 1 M 2 F 0946 10 -15-9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Secour Hospital MIRE Bon RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? MIRE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 9 Reet 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married
3 Widowed 4 Divorced Specify: BY COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) Elementary/Secondary (0-12) Domestic 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Unknown 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Roslyn Stewart 1542 N. Gilmore St. Balto., Md. 21217 20a. METHOD OF DISPOSITION

1 Notice 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Western Star Cemetery Donation 5 Other (Specify) Catonsville Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave. Balto., Md.15 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only pna cause on each line. interval Batween Onset and Death IMMEDIATE CAUSE (Final etalasis disease or condition reaulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 284, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 28b, TIME OF 1 Natural 5 Pending 1 YES 2 NO ВҰ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D19668

Hospital

Balhwar

D 9

o miletermined.

3. TIME OF DEATN

7:20

DHMH-18 Rav 1/89

8. BIRTHPLACE (State or Foreign Country)

PA.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

76-30-1495

AA- AW

4. SOCIAL SECURITY NUMBER

	The second secon		INS HOSPITAL			WN OR LOCATION OF		River	Y OF DEAT		
DIRECTOR	10a. STATE MADVIAND	10b. COUNTY			TY, TOWN OR LO				100	d. INSIDE CITY	
_, 1	MARYLAND		BALTIMORE	£ (OWINGS MILLS					YES 2X NO	
ERA	309 СНАТТ		ROAD		101. ZIP CODE	1117	10g. CITIZI	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT			3 2 NO	RMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea if yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 N NO Specify:				4. RACE — Black, Wi	American Indian, hita, atc. WHITE	
ETED	(Specify on	CEDENT'S EDUC	completed)	16a. DECEDENT'S (Give kind of life, Do NOT u	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BU						
COMPLI	12	College (1-4 or 5+) 1 2 4			IBRAR		ST	. TIMOT	HY'S	SCHOOL	
8	7. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (First, Middle	Maiden Surname)			
BE	BERNARD HORNE					KA	PHLEEN	SHELDON			
0					ADDRESS (Str	eet and Number or Ru	ral Route Number, Ci	ty or Town, State, Zip C	Code)		
-	H. RICHA	RD PI	ET	210	7 MARY	YLAND A	VE. BA	LTIMORE	,MD.	21218	
	20a. METHOD OF DISPOSIT	ION	ovel from State	b. PLACE AND DATE	OF DISPOSITION	N (Name of	DATE	20c. LOCATION — CI	ty or Town,	Stata	
	4 Donation 5 Other	r (Specify)	SĨ	metery, cremetory or o Γ • Γ Γ	AS EP	IS.CH.CI	EM. 9/16	GARRIS	ON F	OREST, MD	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1		E AND ADDRESS OF		05 YORK			
	Edis	M	Werkin	mb.	HEN	RY W. JI	ENKINS	AND SON	S.BA		
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, pr heart failure. List only one cause on each line. Approximate interval Between										
	iMMEDIATE CAUSE (Findiseese or condition resulting in death)		Hypoxia							Onset and Death	
	resulting in destri)	,	a. Hypoxia	A CONSEQUENCE OF	F):	.1	·	41 1 -		36h-	
NOL	Sequentially list conditions, I b. Progressive lung Collapse & moltration Due to (or as a consequence of):							^	30d		
RTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	a Adena c							>5m	
CERTI	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reculting in death) LAST d.										
119	DATE II DAY										
2 1		ont condition	s contributing to deeth t	but not reculting	In the underi	ying ceuse given		WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDINGS	
DICA		ent condition	s contributing to deeth l	but not reculting	In the underi	ying ceuse given			COR	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATN?	
MEDICAL		ent condition	s contributing to deeth I	but not reculting	In the underi	ying ceuse given		PERFORMED?	COR	ILABLE PRIOR TO MPLETION OF CAUSE DEATN?	
Σ			s contributing to deeth I	but not resulting			\ '×	PERFORMED?	COR	ILABLE PRIOR TO IPLETION OF CAUSE	
Σ	25. WAS CASE REFERRED T EXAMINER?		s contributing to deeth b	but not resulting	28	ying ceuse given	\ '×	PERFORMED?	COR	ILABLE PRIOR TO MPLETION OF CAUSE DEATN?	
SICIAN: M	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO		HOSPITAL:		26 OTHER:		Check only one)	PERFORMED?	COR	ILABLE PRIOR TO MPLETION OF CAUSE DEATN?	
Y PHYSICIAN: M	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8		HQSPITAL:	Ipetiant 3 DOA	OTHER: 4 - Nursing P E OF 28c.	B. PLACE OF DEATN (Check only one)	PERFORMED?	AVA COR OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATN?	
BY PHYSICIAN: M	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 6	O MEDICAL Pending	HOSPITAL: 1 Inpellant 2 = ER/Out	patiant 3 DOA 28b. TIMI	26 OTHER: 4 □ Nursing P E OF 26c. URY M 1 [i. PLACE OF DEATN (Home 5 Rasidence INJURY AT WORK? YES 2 NO	Check only one) 6 8 Other (Special DESCRIBE	PERFORMED? YES 2 NO Sity) E NOW INJURY OCCU (Street and Number or	AVA COR OF 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO	
ETED BY PHYSICIAN: M	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 6 4 Nomicide	Pending investigation Could not be determined	HOSPITAL: 1 Napellant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe	Ipetiant 3 DOA 28b. TIMI INJ Y — At home, farm, q	26 OTHER: 4 Nursing P E OF 28c. URY M 1 street, lactory, a	is. PLACE OF DEATN (Home 5 Residence INJURY AT WORK? YES 2 NO	Check only one) 6 G Other (Special Describe 26J. LOCATION City or Town	PERFORMED? YES 2 NO Oity) E NOW INJURY OCCU (Street and Number or n, State)	AVA COR OF 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO	
MPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 6 Nomicide 29a. CERTIFIER (Check only)	Pending investigation Could not be detarmined	HOSPITAL: 1 Inpetiant 2 GER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	ipatiant 3 DOA 28b. TiMi INJ Y — At home, farm, s	OTHER: 4 Nursing P E OF 28c. URY M 1[street, lactory, o	is. PLACE OF DEATN (Home 5 Residence INJURY AT WORK? YES 2 NO office deta and piece, and d	Check only one) 6 G Other (Special Describer City or Town)	PERFORMED? YES 2 NO Sity) E NOW INJURY OCCU (Street and Number or n, State)	COR COR 1 [ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,	
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 6 4 Nomicide 29a. CERTIFIER (Check only one) 1 CERT	Pending investigation Could not be detarmined	HOSPITAL: 1 Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Special Control of the Dest of my know R: On the basis of examination	ipatiant 3 DOA 28b. TiMi INJ Y — At home, farm, s	OTHER: 4 Nursing P E OF 28c. URY M 1[street, lactory, o	is. PLACE OF DEATN (Home 5 Residence INJURY AT WORK? YES 2 NO office deta and piece, and d	Check only one) e 8 Other (Special Described	PERFORMED? YES 2 NO Sity) E NOW INJURY OCCU (Street and Number or n, State) and manner as stated laca, and due to the o	AMA CON OF 1 1 RED Rural Route	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,	
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED T EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 6 4 Nomicide 29a. CETTIFIER (Check only one) 2 MED	Pending Investigation Could not be determined TIFYING PNYSICICAL EXAMINEF	HOSPITAL: 1 Inpetiant 2 = ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe-	ipatiant 3 DOA 28b. TiMi INJ Y — At home, farm, s	OTHER: 4 Nursing P E OF 28c. URY M 1[street, lactory, o	B. PLACE OF DEATN (Home 5 Residence INJURY AT WORK? YES 2 NO office dete and place, and d n, death occured at to 29c. LICENSE N	Check only one) e 8 Other (Special Described	PERFORMED? YES 2 NO Sity) E NOW INJURY OCCU (Street and Number or n, State) and manner as stated laca, and due to the o	AMA CON OF 1 1 RED Rural Route	ILABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO Number,	
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED T EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8	Pending Investigation Could not be determined TIFYING PNYSIC ICAL EXAMINEF F PERSON WHO	HOSPITAL: 1 Inpatiant 2 = ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe- CIAN: To the best of my know R: On the basis of examination	Papellant 3 DOA 28b. TIMI Y — At home, farm, e activity and/or investigation EATN (ITEM 27) (Type.	OTHER: 4 Nursing P E OF 28c. URY M 1 [street, lactory, c ed at the time, c en, in my opinion	B. PLACE OF DEATN (Home 5 Residence INJURY AT WORK? YES 2 NO office data and place, and d in, death occured at to 29c. LICENSE N	Check only one) e 8 Other (Special Described	PERFORMED? YES 2 NO Sity) E NOW INJURY OCCU (Street and Number or n, State) and manner as stated laca, and dua to that a 29d, DATE S 9	AMA CON OF 1 1 RED Rural Route	ILABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO Number,	
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED T EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 6 4 Nomicide 29a. CETTIFIER (Check only one) 2 MED	Pending Investigation Could not be detarmined TIFYING PNYSIC ICAL EXAMINEF E OF CERTIFIER F PERSON WHO	HOSPITAL: 1 Inpatiant 2 = ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe- CIAN: To the best of my know R: On the basis of examination	Ipetiant 3 DOA 28b. TiMi INJ Y — At home, farm, s scily) wiedge, death occurre on and/or investigatio	OTHER: 4 Nursing P E OF 28c. URY M 1 [street, lactory, c ed at the time, c en, in my opinion	B. PLACE OF DEATN (Home 5 Residence INJURY AT WORK? YES 2 NO office data and place, and d in, death occured at to 29c. LICENSE N	Check only one) e 8 Other (Special Described	PERFORMED? YES 2 NO Sity) E NOW INJURY OCCU (Street and Number or n, State) and manner as stated laca, and due to the o	AMA CON OF 1 1 RED Rural Route	ILABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO Number,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DAYS

IF UNDER 24 HRS.

HOURS

NANCY HORNE HOWARD

56

5. SEX

1 🗌 M 2 💢 F

8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR

2. DATE OF DEATH SEPT.

7. DATE OF BIRTH
(Month, Day, Year)
JUL. 9, 1935

12,1991

21 1 9.1.1 ACCOUNTS OF THE PARTY OF THE PA

TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certificar the ceath certificate be executed within 24 nours after death. Page 6 may be retained by the hose TO THE FUNERAL DIRECTOR: After this certificat the certification of by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the Stephen and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item and injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF I		MENTAL HYGIE!			
	1. DECEOENT'S NAME (First, Middle, Last) AKA 4. SOCIAL SECURITY NUMBER	Alan D.	Hick	s		2. DATE OF DEATH	e 1991	AR 3. TIME OF DEATH	
		5. SEX 6. AGE (In yrs.	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	April 30	1933	NATHPLACE (State or Foreign Country) Nash. D.C.	
TOR	Franklin Sq. Ho.				SVILLE	DEATH	ec. county	of DEATH	
DIRECTOR	Md. B	altimore	10c. CITY	ESSEX	TION		10d. INSIDE CITY LIMITS? 1 TYES 2 THE		
FUNERAL	10e. STREET AND NUMBER 231 St. George	e's Rd.	101. ZIP CODE 21.22				OF WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 (IF YES, GIVE WAR OR DATES	II yes, sp	ecity Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yesen, Puerlo Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16n	(Give kind of w life. Do, NOT use	USUAL OCCUPATION of done during more retired.)	DN st of working		siness/industr	Pγ	
BE CO	17. FATHER'S NAME (First, Middle, Last) Jacob Hick:				Pau		zumska		
2	James Hicks 200. METHOD OF DISPOSITION		80 F	eppermi	nt Lane	Baltimore	n, State, Zip Code Md. 2	21220	
	21. SIGNATURE OF FUNERAL SERVICE LICES 23. PART 1. Enter the diseases, or continued to the	Junglegen	deeth. Do no	²² Bruze 1407	Eastern de of dying, aud	ens 9/18/91 Funeral Ho Ave. Bal	me PA	Md. 21221 Approximata interval Between Onsat and Death 9 Mh. (7)	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	SEQUENCE OF	:					
MEDICAL	PART II, Other eignificent conditions	contributing to deeth but no	t resulting in	the underlying	ceuse given in	Part i. 24a. WAS AN PERFO	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:		HOSPITAL 2 ER/Outpatient		OTHER:	ACE OF DEATH (C)	6 Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, at	reel, factory, office		281. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,	
COMPLEIED	(Check only one) 29e. CERTIFIER 1 CERTIFYING PHYSICIA MEDICAL EXAMINER:	AN: To the beat of my knowledge, On the basis of examination and/o	death occurred	at the lime, data , in my opinion, da	and place, and due	to the cause(a) and mar	iner as atated. d dua to line ceur	e(a) and manner as stated.	
10 BE C	240. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF RERSON WHO	DATE MONTE	By All	nin)	D O/ O	MBER S	29d. DATE SIGN	IED (Month, Day, Year)	
	31. DATE FILED (Month, Day, Year) SEP 16 1991 3	12 REGISTRATURE The Davidson-Rando	1E	Chese	B	21202			

E.78

7937434.10

S w

. . .

and the second second

	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 212 5-4	000	Ō
	OTHE FUNERGY DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	e burial-transit permit. Pages 1, 2, 3 should	
OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	e ned within 72 hours after death with the state Dept, of Health and Mental Hygiene phor to burial, cremation, or removal.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page S should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MAF	RYLAND / DE	EPARTMEN'	T OF I	HEALTH	AND	MENTAL HYGIEN	NE S	31	24944
1. DECEDENT'S NAME (First, Middle, Lest)		OLIT	HICAL	E UI	DEA	l H	REG. NO			3. TIME OF DEATH
Arline	G		Hooper	:		/	Sep. 13, 1	1991	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1 / 1	AGE (In yrs. lest birth	"	ER 1 YEAR	IF UNDER	-	7. DATE OF BIRTH		S. BIRTI	HPLACE (State or Foreign
218-12-6383	1 🗆 M 2 😿 F	66 v	YRS. MONTHS	DAYS	HOURS	MIN.	Dec. 04'601) 1	924	Coopy	A
Se. FACILITY NAME (If not institution, give :				Y, TOWN O			EATH	9c. CO	OUNTY OF D	DEATH
2923 Forest Glen	Rd.		В	Balti	more	ž				
RESIDENCE OF DECEDENT 104, STATE 10b, COUNT	Y	104	Baleim	8 LECAT	TION					10d, INSIDE CITY
2923 Forest Glen	ı Rd.			101	2121	.6		10g[pt	JEN OF V	1 YES 2 NO
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	YES 2 NO	1	If yes, spe	CENDENT O	en, Mexicer	NIC ORIGIN? (Specify Yea on, Puerto Rican, etc.)	or No—	Black	E — American Indian, k, White, etc.
15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kin	ENT'S USUAL O ind of work done NOT use retired.)	CCUPATIO during mos	N st of workin	פר	16b. KINO OF BUS	SINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Nathan Smith						Ann	ME (First, Middle, Meiden na Mae Holt	ter		
19a. INFORMANT'S NAME (Type/Print) John C. Hooper S	1	19b. MA/	LING AODRES	S (Street or	nd Number	or Rural F	Houte Number, City or Town			21216
20a. METHOD OF DISPOSITION						Dal			Md ———	
1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State	20b. PLACE AND D.	ATEOFDISPOS	TION (Name	t Ce	mete	1 V27 4 1		MILLS	
21. SIGNATURE OF FUNERAL SERVICE LIC	L. mete	1	E	. NAME AND Edwar	d J.	Web	per 53	311 E	Edmon	dson Ave.
23. PART I. Enter the disesses, or shock, or heart fellure.	complications that cau	sed the deeth.	Do not enter	the mor	de of dyl	ing, suct	h ss cerdlec or respi	ratory s	rrest,	Approximate
IMMEDIATE CAUSE (Finel	List Only One second .	1 eecn nne.		4		,	1	1		Interval Between Onset and Death
disesse or condition resulting in desth)	-	Kes	DILL	A.	A	1.6	une Ch	edi	4.6	
The section of the se	DUE TO (OR /	AS A CONSEQUENC	CE OF):	1	(4)	-	1	1	161	
	h	Con	Lock	ing	4	lea	re-fac	luc		
Sequentially list conditions, if sny, leading to immediate	DUE TO (OR A	AS A CONSEQUENC	CE OF):	-		10	Un		1	
Cause. Enter UNDERLYING CAUSE (Disease or Injury	c	Che	sect.	0	3/c	ch	· · Ver	00	line	مآء
that initiated events	OUE TO (OR A	AS A CONSEQUENC	CE OF):		V	-	V	500	de-	Te
resulting in deeth) LAST	d									
DART II Other significant condition		· · · · · · · · · · · ·		2.50						
PART II. Other significant condition	I continuing to see.) Dut not resum	ng in the un	derlying	cause g	iven in r	Pert I. 24a. WAS AN / PERFORI	MED?		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
										1 160 2 1.0
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DE	EATH (Che	eck only one)			
1 TYES 2 NO	1 Inpatient 2 ER/O		OA 4 Nurs		5 5 Re	eldence	8 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	nr)	INJURY M		RK? 'ES 2 🗌	-	28d. DESCRIBE HOW IN	JURY OC	CURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	RY — At home, tempecify)	rm, street, facto	ory, office			281. LOCATION (Street ar City or Town, State)	nd Number	r or Rural Ro	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINED	CIAN: To the best of my kn	owledge, death oc	curred at the ti	me, date e	ind place,	and due t	to the cause(a) and meni- time, data and place, and	ner as star	ted.) and manner as stated.
296. SIGNATURE AND TITLE OF CENTRIER	LAD				29c. LICEN	NSE NUME	MBER			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO				100		C .			// 1	/ //

CNION MEMORIAL HOSPITAL

31. DATE FILED (Month, Day, Noer) SEP 1 6 1991

32. BEGISTRAR'S EVENATURES

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

permit. Pages 1, 2, 3 should

burial-transit

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The manules that the death certificate be executed within 24 hours after death. Page 6 max be retained by the hospital or attending	TO THE FUNERAL DIRECTOR. After this centricing account to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with 12 hours.	IMPORTANT: If item 28 is marked, or item at anows any injury, or other traumatic event, the medical examiner must be notified at once.
AN: Nationage Dat the c	titical second spined by the	or item 32 shows any injur
TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR And this cer be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, q

91 24945 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ANTHONY JAMES HEILMAN 11, Sept. 1991 5:15 P.M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Morth, Day, Year)
Nov. 20, 1901 Maryland HOURS 714-03-4006 1 X M 2 - F 89 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1604 Feldbrook Road DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Baltimore Baltimore 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1604 Feldbrook Road 21204 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 25 NO It yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 X NO Specify: BY Specify White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) 7 years Railway Clerk Railway Express 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Heilmann Melania Hartmann BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Leah Heilman 1604 Feldbrook Road Baltimore, MD 21204 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify) Dulaney Valley 9/14 Timonium, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 21204 Sola Lolan 8521 Loch Raven Blvd. Balto., MD 23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onast and Death** diseas or condition resulting in death) metastatic. Undetermend DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Anterior election (and in account AVAILABLE PRIOR TO COMPLETION DF CAUSE t YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 □ Nursing Home 5 Pasidence 8 □ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO BY 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State) ED 8 Could not be 4 Homicide COMPLET 29s. CERTIFIER

#Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Do 938-6 BE 29d. DATE SIGNED (Month, Day, Year) and lohanty Ky

8405 Loch Raven Blvd. Baltimore, MD

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Sam O'Mansky

31. DATE FILED (Month, Day, Year) SEP 16 1991

Activity to the control of the contr

Pages 1, 2, 3 should

burial-transit

DIRECTOR

FUNERAL

BY

ETED

COMPL

BE

notified at

be

CERTIFICATION

MEDICAL

PHYSICIAN:

BΥ

COMPL

BE

2

After 1

DIRECTOR: A 40 ETED.

FUNERAL within 72 I IMPORTANT: II

포

23

Item 28

	8 STATE OF I	MARYLAND / DEPAR	RTMENT OF H	IEALTH AND DEATH	MENTAL HYGIENE REG. NO.	91	24
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3, 1
SHAWN		L.	HAI	RRIS	09 08	1991	5
4. SOCIAL SECURITY NUMBER	5. SEX	8, AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	HPI A
216-86-5152	1 \$\text{\$\}}}}}}}}}}} \end{eng}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	25 YRS	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	

IME OF DEATH :44 P 12-23-65 | Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5118 CORDELIA AVENUE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4136 Reisterstown Rd. 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Il yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR OATES 3 Widowed 4 Divorced Specify: Black 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Landscaper Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Dudley Eva Harris 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eva Harris 4136 Reisterstown Rd. Balto., Md. 21215 20a..METHOD OF DISPOSITION 1 2 Burlat 2 Cremation 3 1 Miles 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Cemetery emetary, crematory or other Mt. Zion 4 Donation 5 Other (Specify) 9-13 Landsdowne Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave. Balto Md.15 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition NARCOTIC INTOXICATON resulting in death) TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS COCAINE ABUSE AMAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: e 5 🗆 Residence 🕶 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA FRIENDS HOME 4 - Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural /8/91 1 YES 2 NO INKNOWN 2 Accident 28a. PLACE OF INJURY — At home, farm, streat, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 (A) Could not be 4 Homicide HOUSE 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2. MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) OCME ▶ 09 09 1991 COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET BALTIMORE, MARYLAND 21201 12. RECUETRAR'S SIGNATURE 1991

Salata in

The Fred Date of

1	a or after	for use a	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR. After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.	once.
	retained by	5 should be	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	6 may be	ctor, page	nust be n
	eath. Page	uneral dire	raminer n
	urs after d	in by the f	edical ex
	rithin 24 no	letely filled remation, o	int, the m
	executed w	and comp	matic eve
	rtificate be	g physician iene prior i	ther trau
	e death ce	he attendin Mental Hyg	lury, or o
	lires that th	signed by 1	ws any in
	ne law requ	has been Dept. of i	n 23 sho
	YSICIAN: T	s certificate th the State	d, or iter
	NOING PH	R: After this er death wil	is marke
	AL OR ATTE	L DIRECTO	f item 28
	HE HOSPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Migliene prior to burial, cremagion, or removal	DRITANT: (
	TO T	10 ad	IMP

BALTIMORE, MARYLAND 21215-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR	CERTIF	ICATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DI		YEAR	3. TIME OF DEATN
	Elith Hickmo	++-			9		91	M GOOG
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	PITN Year)	8. BIRTNP Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR	LOCATION OF D	EATN	I as cour	NTY OF DE	
TOR	Peninsula General Hospital			isbury-	EAIN		icomi	
S	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCATION					
DIR.	Md Worcester		ean City					IOd. INSIDE CITY LIMITS? I YES 2 NO
FUNERAL DIRECTOR	903 Baltimore Ave			ZIP CODE		10g, CITI	ZEN OF WH	AT COUNTRY?
Z	11. MARITAL STATUS	FR IN U.S. ARMED		1842 NOENT OF NISPA		US		
BY F	1 Never Married 2 Married 1 Never Married 2 Married 3 X Widowed 4 Divorced 1 F YES, GIVE WAR (YES 2 NO	Il yes, spec	or Nispa lify Cuban, Maxico	en, Puerto Rican,	etc.)	Black,	- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Glue kind of v	USUAL OCCUPATION	of modulos		OF BUSINESS/IND		Wille
	Elementary/Secondary (0-12) College (1-4 or 5 +)	III. DO NOT US	work done during most be retired wner	operat	or apar	tment &		
NA P	17. FATNER'S NAME (First, Middle, Last)	restaura	ant & ap	artmen	t re	staurant		
	Robert H. Gray					Maiden Sumeme)		
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and	Sarah	Carey	v or Town Chair Tin	Ondel	
2	Joseph E. Hickmott, Jr.		vy Dr, W					10002
	20a. METNOD OF DISPOSITION 1 Deurlel 2 Cremeilon 3 Removal from State	20b. PLACE AND DATE O	OF DISPOSITION (Name	e of	OATE	20c. LOCATION — C	City or Town	1 1 3 0 0 3
	4 Donation 5 Other (Specify)	Evergree			9/12/91	Berlin,	Md.	
	21. SIGNATURE OF TUNERAY SERVICE LICENSEE		108 Wil	ADORESS OF FA	CILITY BU	rbage F lin, Md.	uner	al Home
	23. PART I. Enter the diseasea, or complications that can shock, or heart failure. List only the course							811
	INNEDIATE CAUSE (Final	AS A CONSEQUENCE OF						Approximate Interval Between Onset and Death
LION	ii any, reading to miniediste	AS A CONSEQUENCE OF	re h	pay f	fa	Reze	_	
CERTIFICATION		AS A CONSEQUENCE OF):					-
E	reaulting in death) LAST							
	PART II. Other algnificent conditions contributing to deat	th but not regulting in	n the underlying o	cause given in	Part I 24a V	MAS AN AUTOPSY	1 245 W	ERE AUTOPSY FINDINGS
EDICAL					F	PERFORMED?	Al	MILABLE PRIOR TO OMPLETION OF CAUSE
					_ '	YES 2 NO	0	F DEATH?
ž					_			YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			CE OF DEATH (Ch	eck only one)			
YSI	1 YES 2 NO Inpetient 2 ERM	Outpetient 3 DOA	OTHER: 4 Nursing Home	5 - Residence	8 Other (Speci	ify)		
	27. MANNER OF DEATH 28a. OATE OF INJU (Month, Day, Ye.	RY 28b. TIME INJU	JRY WORK	Truly.	28d. DESCRIBE	HOW INJURY OCC	URED	
ğ	2 Accident Investigation 3 Suicide & Could set 28e. PLACE OF INJ	URY — At home, farm, at		3 2 NO	281 LOCATION	(Standard Market	- 0 - 10	
	4 Homicide determined building, etc. (Specify)	and the same		City or Town	(Street and Number of , State)	or Hurai Hou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my king one) 2 MEDICAL EXAMINER: On the basis of examina	nowledge, death occurred	d at the Ilme, date an	d place, and dua th occured at the	In the cause(e) e	nd menner ee state	d.	nd menner as steled.
H H	29b. SIGNATURE AND TITLE OF CENTURER			9c. LICENSE NUM				onth, Day, Year)
o IL	11/19/140			029	549	•	9/11/	91
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		Print) Salis	hue	M-I	21801	///	
	31. DATE FILEO (Month, Day, Year) SFP 1 6 1001 July Davidson	IGNATURE	Circles	Duray	1110	21001		
	SEP 16 1991 Julia Davidson	-gandelle						

11813 18

21.0

the street was

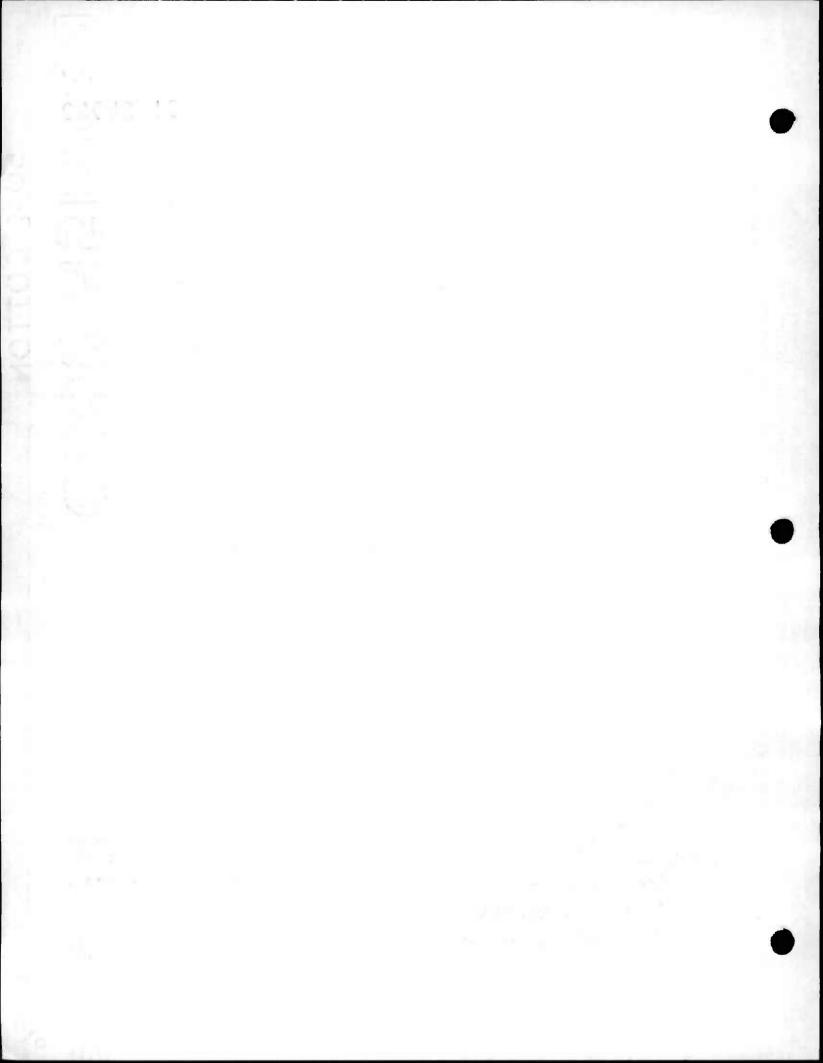
ALC: UNITED BY

ransit permit. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYG REG.		11 24948			
1. DECEDENT'S NAME (First, Middle, La	MARIAN JOHNS	ON		2. DATE OF DEAT	14 91	3. TIME OF GEATN			
4. SOCIAL SECURITY NUMBER 217-38-3564	5. SEX 1 MXXF 6. AGE (In yrs. last	YRS. MONTHS DAY	S HOURS MIN.	7. DATE OF BIRT	35	BIRTHPLACE (State or Foreign Country)			
98. FACILITY NAME (If not institution, gh	e street and number)	BALT I	MORE	EATH	9c, COUNT	Y OF DEATH			
1510 MORFLAND RESIDENCE OF DECEDENT 10a. STATE 10b. COU	УТУ			10d. INSIDE CITY LIMITS? X YES 2 NO					
10e. STREET AND NUMBER	Ave.		10g. CITIZE	N.OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARII FORCES? 1 YES 2 N IF YES, OIVE WAR OR DATES	NIC ORIGIN? (Speci in, Puerto Rican, at y:		I. RACE — American Indian, Black, White, etc. Specify LACK					
15. DECEDENT'S E (Specify only highest gr Elementary/Secandery (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 6 +) (Gir ille.	CEDENT'S USUAL OCCUP, ve kind of work done during Do NOT use retired.) EMPLOYED	ATION most of working	16b. KIND O	F BUSINESS/INDUS	STRY			
FW 1 L	LIAM JOHNSON		EDNA		NSON				
KOREA FONG	2	710 MARYL							
20a. METHOD OF DISPOSITION 1	amoval from State 20b. PLACE C	OF DISPOSITION (Name of CREMATO	The second secon		ALTIMOF				
21. SIONATURE OF FUNERAL SERVICE	O. West	LERC	Y O DYE		212 O LIBER	207 RTY HEIGHTS			
23. PART i. Enter the dispess, shock, or heart isilu immediate CAUSE (Finitidisease or condition resulting in death)	or complications that caused the dare. List only one cause on each line. s. Maligna at Ple DUE TO (OR AS A CONSEC				respiratory stres	Approximate Interval Between Onest and Death			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of):								
	tions contributing to death but not n	esulting in the underi	ying cause given in	P	AS AN AUTOPSY ERFORMED? /ES 2 70	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO			
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			S. PLACE OF DEATN (C)	heck only one)					
	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	Home 5 Residence INJURY AT WORK? YES 2 NO		HOS PIC				
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide detarmine	r Rural Route Number,								
(Check only	HYSICIAN: To the best of my knowledge, de								
William 1. A	29b. SIGNATURE AND TITLE OF CERTIFIER William J. Hill M.					SIONED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print) William J. Slichenmyer, MD Johns Hopkins Oncology Center Baltimore 21205 31. Date FILED (Mynn, Por, Noor) 32. REDISTRAR'S SIGNATURE									
9/2E/916 1991	Julia Savidson-Rande	182.							

-	SI		
0	Ď		
1	8		
80	5		형
9	etc		ĕ
b /	9		ĭ
6	2		
2	ž		ĕ
3	S		=
95	S		2
8	å		9
lay.	8		42
-	ţŏ,		5
e e	9		E
2	6		9
2	13		듣
DE C	Š		E
ő	9	=	×
ē	5	ON.	5
CS CS	5	ша	ig g
OUT.	=	7	e
Ä	20	. 0	=
54	1	Hon	É
=	tely	E	-
M	Die	See	6
D	E	<u>.</u>	3
Ĕ	Ö	ıria	2
ĕ	anc	ā	lat
9	an	8	15
Ć es	Sici	100	5
Call	The state of	0	-
THE REAL PROPERTY.	O.	en	š
200	iệ.	2	0
E	len	-	0
Dea	F	E	2
9	ine in	Ž	=
0	8	В	=
H	D	9	3
SS	Jue	all	60
N N	S	운	*
9	Le L	0	H
2	D		63
10	has	å	2
튀	A	ite	E
-	20	3	2
	E	2	6
S	0	th th	ď
F	this this	¥	*
9	- La	€	9
Š	Aft	dea	=
Z.	œ.	9	=
E	8	aft	28
A	REC	5	E
ä	0	2	=
Z	A	2	=
2	ER	5	-
8	3	草	N
H	1	3 p	E
王	王	FE.	8
TO THE HOSPITAL DR ATTENDING PHYSICIANA THE ISM (requires that the death certaincate de executed within 24 hours after death. Page o may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this cardinate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	9	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
_	-	-	-

þ	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND / Ci	DEPAF	RTMENT	OF H	EALTH DEAT	AND I	MENTAI	L HYGIEN	E 9	1-2	4949
	1. DECEDENT'S NAME (First,	Middle, Last)	Norma	Bell	Jal					2. DATE MONTH	OF DEATH		YEAR 3	8:00 A.
		SOCIAL SECURITY NUMBER 219 32 3508					1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Monti	of BIRTH n, Day, Year) 29/190	8 10	Country)	ACE (State or Foreign Of Columbi
_	9a. FACILITY NAME (If not ins		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O											
DIRECTOR	200 Sycamore Road						Linthicum					A	nne 1	Arundel
E	10e. STATE 10b. COUNTY 10c. CIT						TY, TOWN OR LOCATION						.1	0d. INSIDE CITY LIMITS?
ā							inthicum Heights							☐ YES 2 ☑ NO
FUNERAL	100. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN OF							AT COUNTRY?
N.	200 Sycamore Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED						21090 U.S. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No							- American Indian,
	1 Never Married 2 🔯		FORCES? 1	NAR OR DATES		H	f yes, sp		n, Mexica	n, Puerto I	Rican, etc.)		Black, Specify:	White, etc.
D BY	3 Widowed 4 Divo							11	E244			-		White
TED	(Specify only	EDENT'S EDU	o completed)	(G	ECEDENT'S Sive kind of a. Do NOT u	work done duse retired.)	during mo	ON ast of worki	ng	166	. KIND OF BU	SINESS/IND	USTRY	
COMPLET	10th Grade		College (1-4 or 8	+)		ian (Arthu	r Mur	rv	
OM	17. FATHER'S NAME (First, Mi	iddle, Last)						7	HER'S NA	ME (First,	Middle, Maiden	_	- 1	
BE C		I	Lawrence	Gillchr	est				Li13	Lian	Bell			
0	19a. INFORMANT'S NAME (7)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		19							ber, City or Tow			
-	Lawrence E		ເຮ	1 20 20 20		Phel	-		ie					and 21060
	1 Donation 6 Other	n 3 🗆 Rem	ioval from Stata	of cemetary	y, cremator	y or other pi	lace)			1	E 20c. LC		•	
	21. SIGNATURE OF PUNERAL		CENSEE	- L Meado	owria	ge Me	NAME A	TIAL ND ADDRE	Park ss of fa	CILITY	41 Ba	Ltimo	re, A	Maryland
	XX G. A	Voce	160	sl/av	is						unera:			1.
ATION	iMMEDIATE CAUSE (find disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY!	lons, diats	s. DUE TO		EOUENCE C		gn	4	M	RR	055			Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Inju that initisted events resulting in desth) LAS	T	d	O (OR AS A CONSE					-4130				ř	
PHYSICIAN: MEDICAL	PART II. Other algnifica	nt condition	ne contributing to) death but not	reaulting	in the un	iderlyin	g cause	given In	Part i.	24e. WAS AP PERFO 1 TYES	RMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
CIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	_	LACE OF I	DEATH (C)	neck only o	ne)			
ĭZ	1 TYES 2 NO			ER/Outpatient	_	4 🗆 Nun	rsing Hon		Sidence		er (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 6 2 Accident	ME OF	JURY WORK?				CURED							
III 4 Pulate = 1 289, PLACE OF INJURY = At nome, term, at rest, tactory, ortice 287, LOCATION (Street and Aumber of							or Rural Ro	ute Number,						
COMPLETED	one)		SICIAN: To the best of											and manner as stated.
	1	$I \cap I \cap I$,	ENSE NU					
H										S3 8 29d. DATE SIGNED (Month, Day,			41	
٩	30. NAME AND ADDRESS OF		HO COMPLETED CAL		EM 27) (Typ	e, Print)		2	-/ 0	2		<u> </u>	·	
	31. DATE FILED (Month, Day,	Year)	MU3n	AR'S SIGNATURE					_	<u> </u>			_	
	SEP IP	1991	Julia Da	vidson-Ran	delle									



1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (Flost Anne Griz:								2. DATE OF DEA MONTH Septembe	DAY	YEAR 991	5:45 p M
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs.	**	IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRT	H er) - O O F	8. BIRTH	PLACE (State or Foreign
192-32-2002		1 🗆 M 2 💢 F	84	YRS.			177	July 10			ısylvania
	ACLITY NAME (If not institution, give street and number) art Heritage Elderly Care Home					9b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
Hart Herita		derly Car	re Home		Stre	et			ŀ	larfor	a
10e. STATE	10b. COUNT	ry		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Penna.	Yo	rk			Felton						1 YES 2 NO
									ITIZEN OF V	HAT COUNTRY?	
R.D.#3, Bo	ox 625					1732	22		US	SA	
11. MARITAL STATUS 1 Never Married 2 3 3 Wildowed 4 Divo			IT EVER IN U.S. YES 2 TABLE WAR OR DATES		If yes,		n, Mexica	NIC ORIGIN? (Speci an, Puerto Rican, at y:		Black Speci	- American Indian, t, Whita, atc. fy: White
15. DEC	EDENT'S EDI	UCATION	16a.	DECEDENT'S	USUAL OCCUP	TION		16b. KIND C	F BUSINESS/I		
Elementary/Secondary (I		College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done during se retired.)	most of workli	10				
		2		chool	teache	r		Edu	cation	1	
17. FATHER'S NAME (First, M								AME (First, Middle, M)	
James Harve	ey Swe	eney				Rebe	ecca	Emma Ki	lgore		
19a. INFORMANT'S NAME (Floute Number, City	or Town, State,	Zip Code)	
James R. K		er			#3, Fel	· · · · · ·		17322			
20a. METHOD OF DISPOSIT	on 3 🗆 Ren	movel from State	other	niana)	SITION (Name of				c. LOCATION		
4 ☐ Donation 5 ☐ Other 21, SIGNATURE OF FUNERA	(Specify)		Ste	warts	town Ce						, Pa. 1736.
23. PART I. Enter the d	wick	complications the	tonk	death. Do	19	S. Ma.	in S	t., Stew	artsto	own, Pa	Mortuary,: a. 17363
IMMEDIATE CAUSE (Fit disease or condition resulting in death)		a. DUE TO			Pc/m	nary	A	rrest			Onset and Deeth
Sequentially list condition of any, leading to immediate. Enter UNDERLY CAUSE (Disease or injection in that initiated events resulting in death) LAS	diata ING Iry	c	O (OR AS A CON	JEGOLIIOL C		3 0	lion	are			marks
PART II. Other aignification	ent conditio	ons contributing to	death but no	ot reaulting	In the underly	ring cause	given in	Pi	AS AN AUTOPS ERFORMED?	3Y 24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								-			1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL				26	PLACE OF D	EATH /C	hack anti-anal	-		
EXAMINER?		HOSPITAL:	EB/Outpetlant	2 🗆 004	OTHER:		-				
27. MANNER OF DEATH		26e. DATE O	F INJURY	28b. Til		INJURY AT	estaence	6 Other (Specific		DCCURED	
2 Accident	Pending Investigation		Day, Year)		M 1 [WORK? YES 2	□ NO				
4 Homicide	Could not be determined	building	, etc. (Specify)	nome, rarm,	street, factory, o	HHC#		28f. LOCATION (City or Town,		oer or Rural I	number,
nee!		SICIAN: To the best of									a) and manner as stated.
29b. SIGNATURE AND TITLE	ce	- M	rile	e M	N	0 0 0	ENSE NU	9 7J	29d. [P/	(Month, Day, Year)
30. NAME AND ADDRESS OF AMERICAN STREET OF AMERICAN	nco	ine 10	AR'S SIGNATUR	/31	ADD A	Re	red	Rel ,	Aca.	Md	21014
SEP 16 1	991	Julia Devid	son-Rand	المقال							

Pages 1, 2, 3 should After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21203-3146 ours after death. Page 6 may be retained by the hospital or attending an

ING PHYSICIAN: The law requires that the death certificate be executed within ON OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE FUND be filed within

TO THE HG

DHMH-16 Rev 1/89

-7	1. DECEDENT'S NAME (First, Middle, Les KATHRYN	MARIE	ELI	APAU:	sky	2. DATE OF MONTN	DEATH DAY	YEAR 3	2 50 A M
	4. SOCIAL SECURITY NUMBER 110 - 09 -940	4 1 D M 2 X F	(In yrs. lest birthde	MONTHS DAYS	IF UNDER 24 HRS. HOURIL MIN.		416	Country	LACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, given Stella Maris Ho	17.517.71.71		96. CITY, TOWN	SON	ATH	10.30	Balti	
DIRECTOR	10e. STATE 10b. COUR	Baltimore	10c.	Middle				- 1	IOd. INSIDE CITY LIMITS?
FUNERAL	106. STREET AND NUMBER 7 Turn Cour	rt	•	11	01. ZIP CODE 21220		10g. CITI	ZEN OF WH	IAT COUNTRY?
5	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, OIVE WAR OR D	2 5 NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexican S 200 NO Specify	n, Puerto Rice		14. RACE - Black, 1 Specify:	American Indian, White, etc.
	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (9-12)	DUCATION ade completed) Coffege (1-4 or 5+)	(Give kind life. Do NO	t's usual occupat of work done during m T use retired.) Teacher		16b. KI	School		
	17. FATHER'S NAME (First, Middle, Leet) Stepl	nen Skibinsk	1			ME (First, Midd nerine	vonMarq	uardt	t
2	190. INFORMANT'S NAME (Type/Print) Carol Metzger,	Daughter		ing address (Street Haslett R	end Number or Rural F		City or Town, State, Zip. Md. 210		
j	20e. METHOD OF DISPOSITION 1 □ Buriel 2 ②Cremation 3 □ Re 4 □ Donetion 5 □ Other (Specify)	emoval from State	Lcemetary, crema	ATE OF DISPOSITIO		DATE	20c. LOCATION —		
	21. SIGNATURE OF FUNERAL SERVICE	Surfain	ske	Bruz	dzinski k	unera			
	shock, or heert fellur	or complications that ceuse re. List only one ceuse on a	ed the death. D	o not antar the m	<u>Eastern</u> ode of dying, such	AVE.	or respiratory ar	reat,	Approximate
	shock, or heart feilur IMMEDIATE CAUSE (Fine) disesse or condition resulting in deeth)	a. METAST	each lina.	o not antar the m	ode of dying, suci	h as cerdiad	or respiratory and	reat,	
ICATION	shock, or heart fellur IMMEDIATE CAUSE (Fine) disesse or condition	a. METAST DUE TO (OR AS DUE TO (OR AS C.	A CONSEQUENCE	COL	ode of dying, suci	h as cerdiad	or respiratory and	reat,	Approximate Interval Between
ERTIFICATION	shock, or heert fellur IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING	a. METAST DUE TO (OR AS DUE TO (OR AS C.	A CONSEQUENCE	COL	ode of dying, suci	h as cerdiad	or respiratory and	reat,	Approximate Interval Between
MEDICAL CERTIFICATION	shock, or heert fellur IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	a. METAST DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	COL	ON CA	NCE	or respiratory and	24b.)	Approximate Interval Between
MEDICAL	shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent condit	a. METAST DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	e orb; E oF): E oF): 28.	ON CA	Part I. 24	C or respiratory and	24b.)	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
MEDICAL	shock, or heert fellur IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. METAST DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. Ions contributing to death	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting	E OF): E OF): OTHER: A 4 Nursing Ho	ng cause given in	Part I. 24	III. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
PHYSICIAN: MEDICAL	Shock, or heert fellur IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent condit	a. METAST DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting	E OF): 20. 20. 20. 20. 20. 20. 20. 20	ng cause given in	Part I. 24	Le. WAS AN AUTOPSY PERFORMED? PES 2 NO	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
ED BY PHYSICIAN: MEDICAL	shock, or heert fellur IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Neture 5 Pending	a. METAST DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not result!	E OF): 28. A 4 Nursing Hc TIME OF NUTURE OF N	ng cause given in PLACE OF DEATH (Ch	Part I. 24 Cock only one) S [XOther (S 28d. DESCR	III. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b.)	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
D BY PHYSICIAN: MEDICAL	Shock, or heert fellur IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. METAST DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE A CONS	O not antar the monotonic property of the corp. E OF): E OF): 26. A OTHER: A 4 Nursing Hottime of INJURY M 1 monotonic property M 1 m	ng cause given in PLACE OF DEATH (Charme 5 Residence NORK? YES 2 NO	Part I. 24 Part I. 24 1 1 28d. DESCRIPTION 10 the cause	Le. WAS AN AUTOPSY PERFORMED? PERFORMED? YES 2 D NO ON (Street and Number Cown, State)	24b. y DICE CURED r or Rural Ro	Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO

Smith president Airgon angift ago ga ya sa

FOR STATE REGISTRAR

FP

1991

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

LOCKLEAR BIL

4. SOCIAL SECURITY NUMBER

1 -

_	8
	ā
	entificate he executed within 24 m
	C
_	.0
Š	#
0	3
-	å
Ø	E.
0	d
	8
2	9
J	-
n	200
_	3
<u> </u>	E
, P.O. BOX 68/6U,	S
7	£
	25
מ	4
NECONDS.	2
~	-
=	2
כ	-
١.	ď
ш	3
7	9
die.	>
4	The law requires that the death ce
1	63
_	F
-	ż
>	⊴
L	5
5	Ž.
ON OF VITAL	JOING PHYSICIAN:
7	62
5	ž
2	9

7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 M 2 F YRS 241-609-749 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR CHURCH RESIDENCE OF HOSPITAL CORPORATION BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD MORE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE BAH MORE SHEE 212 3 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: ВУ Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) 1 Construct RYIDAII 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 育 BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City 2 ATCICIA pe 20s. METHOD OF DISPOSITION
1 Description 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of the medical examiner must DATE filled in by the funeral director, on, or removal. 4 Donation 8 Other (Specify) SIGNAPURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY
EOWARD J. Jana 1 4015. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List entry one cause on each line. IMMEDIATE CAUSE (Final cremation, disease or condition resulting in death) schemic event, DUE TO (OR AS A CONSEQUENCE OF): to bunal, (Cole 50 traumatic CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONS SEQUENCE OF if any, leading to immediata cause. Enter UNDERLYING Alcoholisan CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF) y the attending p that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL by t rena lure shows any signed Health a t, of t certificate has been the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item **EXAMINER?** OTHER: 1 - YES 2 patient 2 - ER/Outpetient 3 - DOA ne 5 - Residence 8 - Other (Specify) 4 - Nurs marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? this c 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY After 1 2 Accident 28a. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 5/9 8 Could not be COMPLETED THE FUNERAL DIRECTOR: filed within 72 hours after HOSPITAL OR ATTEN 4 Homicide 28 Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and man 296. SIGNAYUNE AND TITLE OF CENTRE BE M 23 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS (mother -0W 31. DATE FILED (Month, Day. 32. REGISTRAR'S SIGNATURE 16 Sulia Savidson - Randalle

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

LOCKLEAR

8. AGE (In yrs. lest birthday)

91 24952 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF OEATH DAY 3. TIME OF DEATH 09/10/91 10:0 XXX 8. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. INDIAN 166. KIND OF BUSINESS/INDUSTRY MP. 20c. LOCATION — City or Town, State Approximate intarvai Between Onset and Death several day 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

DHMH-16 Ray 1/89

1 YES 2 NO

9

29d. DATE SIGNED (Month, Bey. 0

and the second second

apes 1, 2, 3 should

the event, traumatic other 0 amy injury, 23 item 6 L DIRECTOR: After this cert hours after death with the Item 28 is marked, o FUNERAL I

THE FEE

16

lia Savidson Rande

222

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 24953 1. DECEDENT'S NAME (First, Middle, Last) WI WILHELMENA Wilhelmena Montgomery Miles

MILES 2. DATE OF DEATH YEAR MONTH 13 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 219-50-5530 61 YRS. 10 - 13 - 299a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH *<u>EIRECTOR</u>* HARBOR CITY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 | NO MD BALTIMORE 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101 ZIP CODE 300 ZEPPLIN AVENUE 21225 11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexicen, Puarto Ri
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married Specify: BLACK ΒY 3 Widowed 4 Olvorced COMPLETED 16a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) HEAD COOK LATALIS REST. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANTRUM CHARLES MARY E. RICHARDSON Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 300 ZEPPLIN AVE./BALTIMORE, MD 21225 A.B. MILES pe 20a, METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State must MT. ZION CEMETERY LANSDOWNE. MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not after the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel ASYSTOLE
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) FAILURE MIE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL LARYNGEAL CARCINOMA AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO SQUAMOUS CELL CA LUNG. Non-RESECTABLE 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 No inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 8 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as attated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND/TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE wandy 19 9 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOSPITAL HARROR CENTER 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

THE FOREIGN OF VITAL RECORDS, F.C. DOX 10140, MAINTENANCE AND ALCOHOLOGICAL OF A STENDING PHYSICIAN: The law requires that the death certificate be executed within Carlo from the foundation of the hospital or attending physician. The FUNERFUL After this certained by the hospital or attending physician. The form of the foundation of th

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
	Mary Mars				9 14	91	720 M
	2/8-1H-H864	5. SEX 6. AGE (In		F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	(Month, Day, Year)	Cou	THPLACE (State or Foreign ntry) R. G. I. N.I. B
	9a. FACILITY NAME (If not institution, give str			b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF	OEATH
0 R	YEA TON ME !	DICALCEN	MER	BALTIMO	RE	BA	TIMORE
DIRECTOR	10a. STATE 10b. COUNTY	1 1 10	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
1	MD	NIA	131	76-TIMO	RE		1'QYES 2 NO
FUNERAL	601 S C HAZ	LES ST	REE	T 101. ZIP CODE	0	1	WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HIS		or No.— 14. RA	CE — American Indian, sck, White, atc.
BY F	1 Never Married 2 Married 3 🕭 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT		If yes, specity Cuban, Max 1 YES 2 NO Spe		Sp	nolfy:
ED	1s. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY	ack
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use I			(2	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		LOM	LSTIC	NAME (First, Middle, Melder		
E C	Hampron	Green, S	6	0	erdelia	Mars	nali
TO B	19e. INFORMANT'S NAME (Type/Print)	4.4		ODRESS (Street and Number or Ru	ral Route Number, City or Tov	vn, State, Zip Code)	α
-		rcell	DI ACE OF DISPOSIT	ION (Name of cornetory, crematory	Da He, Md.	2121	8
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from Stata	other place	La NaT.	200. 10	CATION - City or	W.J.
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF	FACILITY Monton +	Same	4101
	James K	. Morton	U	A ALL ALL AND A STATE OF THE ASSESSMENT OF THE A	wens ST		21217
	23. PART I. Enter the disesses, or constant felium.	complications that caused List only one cause on ea	the deeth. Do not				Approximate interval Between
1	IMMEDIATE CAUSE (Final disease or condition	7,06	1/02 1	1000 1			Onset and Death
	reaulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF):	100 , 705			7/13
N	Sequentially list conditions.	b					
ATION	Sequentially list conditions, if sny, lesding to immediate ceuse. Enter UNDERLYING		CONSEQUENCE OF):				
LIFICATION	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):				
CERTIFICATION	Sequentially list conditions, if sny, lesding to immediste ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C					
AL CERTIFICATION	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	DUE TO (OR AS A of DUE TO DUE TO (OR AS A of DUE TO (OR AS A of DUE TO (OR AS A of DUE TO DUE TO (OR AS A of DUE TO DUE T	CONSEQUENCE OF):		In Pert I. 24a. WAS AI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
CAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A of DUE TO DUE TO (OR AS A of DUE TO (OR AS A of DUE TO (OR AS A of DUE TO DUE TO (OR AS A of DUE TO DUE T	CONSEQUENCE OF):		in Pert I. 24a. WAS AI PERFO	RMED?	
MEDICAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	DUE TO (OR AS A of DUE TO DUE TO (OR AS A of DUE TO (OR AS A of DUE TO (OR AS A of DUE TO DUE TO (OR AS A of DUE TO DUE T	CONSEQUENCE OF):		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition COLUMN (1) 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A C. DUE TO (OR AS A C. d. S contributing to death but	consequence of): It not regulting in	26. PLACE OF DEATH	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition COLPANY 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A ODUE TO	at not regulating in	26. PLACE OF DEATH OTHER:	(Check only one)	RMED? 2 / NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A ODUE TO	it not regulting in	26. PLACE OF DEATH DTHER: Nursing Home 5 Residen Nursing Home 7 Residen TY 28c. INJURY AT WORK?	PERFO 1 YES (Check only one)	RMED? 2 / NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Retural 5 Pending Investigation	DUE TO (OR AS A CO. DUE TO (OR AS A CO. B. CONTributing to death but C. C	at not regulating in	26. PLACE OF DEATH DTHER: Nursing Home 5 Residen OF 28c. INJURY AT YY M 1 YES 2 NO	(Check only one) ca 8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JAO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation	DUE TO (OR AS A Co. DUE TO (OR AS A Co. DUE TO (OR AS A Co. DUE TO (OR AS A Co. DUE TO (OR AS A CO. DUE TO	at not regulating in	26. PLACE OF DEATH DTHER: Nursing Home 5 Residen OF 28c. INJURY AT YY M 1 YES 2 NO	(Check only one) Ca 8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A Co. DUE TO (OR AS A Co. B. CONTributing to death but the contributing to death but the contributing to death but the contributing to death but the contribution of the c	at not regulting in	26. PLACE OF DEATH DTHER: Nursing Home 5 Rasiden OF WORK? M 1 YES 2 NO eet, factory, offica	(Check only one) ca 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCURED and Number or Run innar as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially liat conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A of the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contribution of the contribution	at not regulting in	26. PLACE OF DEATH THER: Nursing Home 5 Residen OF 28c. INJURY AT WORK? M 1 YES 2 NO seet, factory, office at the time, date and placa, and in my opinion, death occured at	(Check only one) 1 YES (Check only one) 28d. Describe How 28f. Location (Street City or Town, State) due to the cause(a) and me the time, data end plecs, a	INJURY OCCURED end Number or Run innar as stated. and dua to the caus	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO al Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A of the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contribution of the contribution	at not regulting in	26. PLACE OF DEATH DTHER: Nursing Home 5 Rasiden OF WORK? M 1 YES 2 NO eet, factory, offica	(Check only one) 1 YES (Check only one) 28d. Describe How 28f. Location (Street City or Town, State) due to the cause(a) and me the time, data end plecs, a	INJURY OCCURED end Number or Run innar as stated. and dua to the caus	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liat conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A Co. DUE TO (OR AS A CO. DUE TO (O	at not regulating in C C C C C C C C C C C C C C C C C C C	26. PLACE OF DEATH 26. PLACE OF DEATH DTHER: Nursing Home 5 Residen OF 28c. INJURY AT WORK? M 1 YES 2 NO set, factory, office at the time, date and placa, and In my opinion, death occured at 29c. LICENSE	(Check only one) 1 YES (Check only one) 28d. Describe How 28f. Location (Street City or Town, State) due to the cause(a) and me the time, data end plecs, a	INJURY OCCURED end Number or Run innar as stated. and dua to the caus	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO al Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Retural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A Co. DUE TO (OR AS A CO. DUE TO (O	at not regulting in C C L L attent 3 DOA 2 28b. TIME INJUI At home, farm, str Try) At home farm, str At home farm, str At home farm, str At home farm, str At home farm, str At home farm, str At home farm, str	26. PLACE OF DEATH 26. PLACE OF DEATH DTHER: Nursing Home 5 Residen OF 28c. INJURY AT WORK? M 1 YES 2 NO set, factory, office at the time, date and placa, and In my opinion, death occured at 29c. LICENSE	(Check only one) 1 YES (Check only one) 28d. Describe How 28f. Location (Street City or Town, State) due to the cause(a) and me the time, data end plecs, a	INJURY OCCURED end Number or Run innar as stated. and dua to the caus	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO al Route Number,

16-

BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may the hospital or attending physician. The funeral director, pages 1, 2, 3 should not as the burial-transit permit. Pages 1, 2, 3 should notal.	
BALTIMORE	of the funeral director, particular director, parti	and avaminar much he addition of any

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3.4 detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	OF MARYLAND /	DEPARTME RTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		24955			
	1. DECEDENT'S NAME (First, Middle, Last)						3. TIME OF DEATH			
	LOUIS MINOGLIO 4. SOCIAL SECURITY NUMBER 5. SEX				2. DATE OF DEATH MONTH 09 12	1991 YEAR	11:30 P M			
	212-34-3016 1XXM 2 [YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS	(A.4 14 14 14 1	8. BIRTHPLACE (State or Foreign Country) Maryland				
~	9a. FACILITY NAME (if not institution, give street and numb	assetti, town on Education of								
DIRECTOR	THE JOHNS HOPKINS HOS	RESIDENCE OF DECEDENT								
	Maryland	10c. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore City 10f. ZIP CODE					10d, INSIDE CITY LUMITS? 1 YES 2 NO			
IERAL	109 South Robinson St		United							
BY FUNERAL	1 Never Married 2 X Married FORCES	EDENT EVER IN U.S. ARM 1 1 YES 2 NO INCOME WAR OR DATES	ED	3. WAS DECENDENT OF HISI It yes, specify Cuban, Max 1 — YES 2 X NO Spe	Ican, Puerto Rican, etc.)	or No- 14, RAC	E — American Indian, k, Whita, atc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	OCCUPATION ne during most of working 1.)		SINESS/INDUSTRY						
MC	17. FATHER'S NAME (First, Middle, Last)	1 601	nstruct		AAME (First, Middle, Meiden	Workers				
	Surname)									
TO BE	Victor Minoglio 19a. WAFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRE	S\$ (Street and Number or Rur	Laportie M Route Number, City or Tow	n, State, Zip Code)				
F	Evelyn Minoglio			Robinson St.						
1	20 METHOD OF DISPOSITION Y Method 2 □ Cremetton 3 □ Removat from State 4 □ Donation 5 □ Other (Specify)	20b. PLACE AN	DDATE OF DISP	osition/Name of filetery 9/16	DATE 20c. LO	cation - city of to	wn, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2	2. NAME AND ADDRESS OF	FACILITY					
	· Elizabeth Se	linske		Lilly & Zeil 1901 Easterr	Avenue Ba	alto. MD	mes 21231			
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)	cause on each line.		er the mode of dying, at		ratory arrest,	Approximata Interval Between Onset and Death			
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in death) LAST									
	PART II Other significant conditions contribution	a to do the true and and	Int. I in							
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIND COMPLETION OF CAUTOF									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	check only one)					
YSI		2 - ER/Outpetlent 3 -	DOA 4 N	ER: ursing Home 5 🗌 Residence	8 Other (Specify)					
ВУ РН		E OF INJURY oth, Day, Year)	186. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IF	JURY OCCURED				
	3 Suicide & Could not be 28e. PLA	CE OF INJURY — At home fing, etc. (Specify)	, tarm, atreet, fa	ctory, offica	281, LOCATION (Street a City or Town, State)	nd Number or Rural R	oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL FRAMINER. On the back									
BE CO	2 MEDICAL EXAMINER: On the basis	or axamination and/or inv	eatigation, in my	opinion, death occured at the		d due to the cause(a)				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 2	7) (Type, Print)			► 9/1°	3/91			
	1. SINCHSIN MO 60	ON WWO	KRE S	+ Bellimic	ne MD	2120	5			
	SEP 16 1991 gulia D	STRAR'S SIGNATURE	2							

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the unit of the FUNERAL DIRECTOR. After this certificate has been signed by the be filed within 72 hours after death with the State Dept, of Health and Me IMPORTANT: If Item 28 is marked, or Item 23 shows any injury.

DIVISION OF VITAL RECORDS, P. 9-80X 68760,

					IOAI	_ 01	<u> </u>			HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las Charlotte	Virgi	nia Nor	wicki					2. DATE OF Sept.	DEATH 12	199	1 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreign
	217 20 9388	1 M 22006	64	YRS.	MONTHS	DAYS	HOURS	MIN.	De C.	6 T	926	Coupy	aryland
	9e. FACILITY NAME (If not institution, give	street and number)	1		9b. CIT	DATE DAYS HOURS MIN. Dec. 16, 1926 COUNTY OF DEATH							
Œ	1505 Elrino S				Baltimore City					NITOFD	EATH		
13	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUN	TY, TOWN OR LOCATION								10d. INSIDE CITY			
ā	Maryland	ltimore City							LIMITS? YES 2 NO				
7	10e. STREET AND NUMBER					10	t. ZIP COD)E		_	10e CITI	ZEN OF W	HAT COUNTRY?
5	1505 Elrin			212	24			-	SA	THAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	140	WE 0.00										
E	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried IF YES, GIVE WAR OR DATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ MORE OR DATES					If yes, sp	ecify Cub	an, Mexica	NIC ORIGIN? (S an, Puerto Rica	n, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 TYES	2 1000	Specifi	y:		- 1	Speci	White
	15. DECEDENT'S ED	UCATION	18e. D	ECEDENT'S	USUAL O	CCHPATH	ON		Tab VII	UD OF BUI	INESS/IND	HATON	
Ш	(Specify only highest grade Elementary/Secondary (0-12)	de completed) College (1-4 or 5		Sive kind of Do NOT u	work done	during me	ost of work	ing	100. Kil	NO OF BUS	MESSAIND	USINT	
4	12	college (1-4 or 5	*)	H	ouse	wife				Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						10.000	HED'S NA	ME /F/ 1// //				
Ö	Ore Lee Mathe	ny					10, 1001	Lott	ME (First, Midd.	Dan	iel		
BE	19a. INFORMANT'S NAME (Type/Print)												
2	Joseph S. Nowick	d Son	"	P.O	ROT	S (Street a	nd Numbe	or Rural	Route Number, C	City or Town	. State, Zip	Code)	
j								rage					
	20 METHOD OF OISPOSITION 1 Buriel 2 Cremetton 3 Re 4 Donetton 5 Other (Specify)	moval from State	20b. PLACE					arde	ns 9/1	6/91	Mide	dle	River, Md.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSICE	//		22.	NAME AL	ND ADDRE	SS OF FA	CILITY			-	
- 1	Dechosel /	1-10	ga						uneral				
-	20 DART I February discussion				1	407	Bast	ern	Ave. E	Balti	more	, Md	21221
	23. PART I. Enter the diseesea, of ahock, or heart fellure	Liet prity one cer	ot caused the de use on each line	eath. Do i e.	not enter	the mo	de of dy	ing, suc	h ea cardiac	or reapli	atory arr	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine)		0										Onset and Death
	disease pr condition												
ł		DUE TO	(OR AS A CONSE	OUENCE O	F):								
Z	Sequentially list and distance of b.												
ĔI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or Injury												
# 1	that initiated eventa	DUE TO	(OR AS A CONSE	OUENCE O	Đ:								
MEDICAL CERTIFICATION	resulting In death) LAST												
S	PART II. Other eignificant condition	ns contributing to	death but not	re culting	In the sec	ada atrita	.000		-1				
₹	opridite	to contributing to	death but not	reauting	in the ur	aderiying	g cause	given in	Part I. 24a	PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă										YES 2	□ ND		COMPLETION OF CAUSE OF DEATH?
Z													1 YES 2 NO
z													
5 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Che	eck only one)				
S	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 □ Re	esidence	a Other (Sp	ectiv)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIE	-	JURY OCC	URED	
NI NI	1 Natural 5 Pending	(Month, D	ray, Tear)	INJ	URY		RK? YES 2] NO					
D BY	2 Accident Investigation 3 Suicide a Could not be	28a. PLACE O	F INJURY — At he	ome, farm, s	street, fact				28f. LOCATIO	N (Street o	nd Number	or Russi D	nuts Musishus
Ш	4 Homicide determined	building,	etc. (Specify)						City or To	wn, State)	TO THUMBUR	OF FIGURE CH	oute number,
9 1	29e, CERTIFIER												
COMPLET	(Check only one)	SICIAN: To the best of	my knowledge, de	ath occurre	ed at the t	tme, date	and place	, and due	to the cause(e) and mani	ner an state	id.	
ē L	2 MEDICAL EXAMIN	ER; On the basis of s	xemination and/or	Investigatio	n, In my o	pinion, d	eath occur	red at the	time, date and	placa, and	dua to the	cause(s)	and manner as stated.
H	296. SIGNAPORE AND TITLE OF CERTIFIE	7) 1	1	1.	^		29c. LICI	ENSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
~ 1 L	- well 2	Leed 2	cele	M	1.							9/	13/9/
일	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED OU	SE OF DEATH (ITE	М 27) (Туре,	Print)							-//	10111
	Michelle Dudz	inski M.I	207	Houch	Bui	lldi	ng,	John	Hopki	ns Ho	spit	al	
	31. DATE FILED (Month, Day, Year) SEP 16 1001	32. REGISTRA	R'S SIGNATURE										

veneral venera

_			1.50
-	THE HOSPITAL OR ATTENDING PIPTSCIATE. The incommendation of death certificate be executed within the	DITHE FUNERAL DIRECTOR: After the completely	s filed within 72 hours after death with the Siste Death and Mental Hydiene prior to budal cremaris
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	3	nple	Cra
37	and de	00	Į,
39	noen	pu	hair
×	8	3	Ş
0	A	icia	rior
m	cat	1	0
o	in the	0	Jien
Ž.	9	ğ	¥
-	eath	arte	Ital
S	0	he	Mer
20	6	ä	ğ
Ö	4	9	ú
ŏ	4	-3	Ą
Щ	- 29	ø	Ħ
Œ	Ξ	3	ě
7	3	#	ä
_	1	8	4
=	8	3	ä
1	3	复	춃
Ö	2	ä	ŧ
-	9	45	N L
ñ	ING.	Afte	eat
ž	8	ä	Br c
27	E	8	aft
2	B	E	MILS
	10	0	2
	ATIC	R	2
	SS	JNE	THE REAL PROPERTY.
	T	F	×
	王	E	file
	0	0	-

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND C	/ DEPAF	TMENT (OF DE	TH AND	MENTA	AL HYGIEN REG. NO.		2	4951
	1. DECEDENT'S NAME (First, Middle, Last)	7		Jor		<u> </u>	-2111	2. DAT	E OF DEATH	ly ,	YEAR	TIME OF DEATH 8:15Pm
	4. SOCIAL SECURITY NUMBER 219 40 9425	5. SEX 1 M 2 F	6. AGE (In yrs. Is	YRS.	IF UNDER 1 Y		JNDER 24 HRS. JRS MIN.	(Mon	E OF BIRTH oth, Day, Year)		BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	pet and number)			9b. CITY, TO	WN OR LO	CATION OF D		4-1943	9c. COUNT		yland
HOT	Harbor Hospital Center						е	Cit	У		====	
DIRECTOR	Maryland Anne	e Arundel			y, town on i							d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1 01	cii ba	10f. ZIP	CODE			10a, CITIZE		T COUNTRY?
FUNERAL	1050 Dumbarton H	Road				2	1061			U.S		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	RMED NO	II ye	s, specify	NT OF HISPAI Cuben, Mexica NO Specif	in, Puerto	IN? (Specify Yea Rican, etc.)	or No— 14	I. RACE — Black, W Specify:	American Indian, hita, atc. White
윤	18, DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	(0	Give kind of	USUAL OCCU	PATION og most of a	vorkina	18	b. KIND OF BUS	INESS/INDUS	TRY	WIII 0C
once. COMPLET	10th Grade	College (1-4 or 8+)	lik.	ousew	e retired.)				Home N	laker		
COM	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
ed at		ancis Ar							na E. F			
10	19a. INFORMANT'S NAME (Type/Print) Joseph L. Norris	Too	19						nber, City or Town			
9	20a. METHOD OF DISPOSITION	Jr.	400 01400		Dumba		Road					land 21061
must	1 Donation & Other (Specify)	val Irom State	cemetery, cri	ematory or o	of disposition ther place) Vetera	N(Name of	om	9-		CATION — CII		
E E	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1 Ma Di	Lave	22. NAR	E AND AD	DRESS OF FA	CILITY				Maryland
exam	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate											
other traumatic event, the medical examiner must be notified TIFICATION TO BE	shock, pr heart failure. Li iMMEDIATE CAUSE (Final disease pr condition resulting in death)	e on eech lin	ric	By		,		10ex		t,	Approximata interval Batween Onset and Deeth	
5 E	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 1										ILABLE PRIOR TO MPLETION OF CAUSE	
S A	25. WAS CASE REFERRED TO MEDICAL											
ed, or item 23 PHYSICIAN	EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (Check only one) PTAL: OTHER:									
H S	27. MANNER OF DEATH	Inpatient 2 DE		28b. TIM		Home & I	Radidenca				-	
marked, BY PH	Natural 5 Pending 2 Accident Investigation	(Month, Day,			JRY	WORK?		280. DE:	SCRIBE HOW IN	JURY OCCUP	RED	
28 Is	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY Al ho c. (Specify)	ome, larm, s	treel, lactory,	office		281. LOC City	ATION (Street ar or Town, State)	nd Number or	Rural Route	Number,
MPL He	29e. CERTIFIER Check only 2 MEDICAL EXAMINER:										auso(s) and	f manner as stated.
TO BE COI	29b. SIGNATURE AND TITLE OF CENTIMEN 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	Duse	= 5	TAFF	= 29c.	DUS (IBER	STAFF	29d. DATE S	GNED (Mo	nth, Day, Year)
	M. Patel	300	1 5	m 2/) (Type.	lano	ve-	< 5	tr	eet	Ba	1+.	mD 21230
	SEP 16 1991	12. REGISTRAR	S SIGNATURE	02	50,000							

or other traumatic event, the medical examiner must be notified at once.

9	8	8	2	둏
DIVISION OF VITAL RECORDS, P.O. BOX 6	8	S	8	S
0	-	퍞	ē	Ē
æ	Ħ	E	9	h
ä	1	B	8	€
Ų	8	듬	₽	2
α.	6.	ä	ä.	•
ιń	E	3	r	×
ö	25	多	æ	궴
æ	W	2	B)	Ø
ō	Æ	팓	ä.	Ħ
Ö	E	ě	짱	12
Ŵ.	3	=	Ξ	8
Œ	2	ž	3	75
4	5	2	Þ	23
⋖	2	2	3 8	E
	5	8	麗	문
>	A	岩	9	6
ш	SS	9	#	-
0	₹	景	를	ě
Z	63	- E	=	2
ō	3	A	dea	=
<u>~</u>	N	œ	-B	=
27	E	R	튡	8
≥	8	H	Urs	E
	0		2	를
	K	Z	2	=
	SPI	4	ji.	ij.
	오	E	툿	3
	4	뿌	8	R
	=	=	#	4
	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the drain certificals be soon	TO THE FUNERAL DIRECTOR; After this certificate has been signed to the including physician and	2	IMPORTANT: If Item 28 is marked, or item 23 shows nor ming, or other traumat

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	_			
	₩2 WIIIIam		Overgone, Sr	9-11		1100 A		
4. SOCIAL SECURITY NUMBER/ 213-30-4752	1 XX4 2 □ F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH	33 6. BH	ATHPLACE (State or Foreign unity) aryland		
	Scott Key Medical Center Scott Key Medical Center Baltimore City							
10a. STATE 10b. COUN	altimore		imore County		10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO			
106. STREET AND NUMBER 7858 Kavanagh Ro	nad		101. ZIP CODE 21222			d States		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D		13. WAS DECENDENT OF NISPA If yee, specify Cuban, Mexic 1 — YES 2 NO Spec	an, Puerto Rican, etc.)	na or No— 14. R	ACE — American Indian, lack, White, atc.		
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Crane Opi	done during most of working tired.)		ehem Ste	Y		
17. FATHER'S NAME (First, Middle, Leet) John Ovelgone				AME (First, Middle, Maide ACE Clemsor				
194. INFORMANT'S NAME (Type/Print) Shirley Ovelgor	ne		press (Street and Number or Rura avanagh Road					
23. PART I. Enter the diseases, o shock, or heart fallun iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one couse on a	d the death. Do not sach line. Sept 3 (A CONSEQUÊNCE OF):	NE I			Approximete Interval Betwee Onset and Des		
Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS /	A CONSEQUENCE OF):	gtows	chorca		Years		
PART II. Other significent conditions are conditional conditions.			ha undarlying cause given i		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY PINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PLACE OF DEATH (C					
27. MANNER OF DEATN 1 Anitural 5 Pending	1 ☐ Inpetient 2 ☐ ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	0		
2 Accident Investigation 3 Suicide 6 Could not it 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, streeofy)	et, factory, offica		261. LOCATION (Street and Number or Bural Boute Number, City or Town, State)			
CONSCRIPTION -			it the time, data and pleca, and do n my opinion, death occured at ti			se(a) and menner as stated.		
29b. SIGNATURE AND TITLE OF CHITTI	WNO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Tune Pro	29c. LICENSE N	UMBER 1885	29d. DATE SIG	G - 11-9		
1/1/		505 Bo	Jehn Bayl	18W Ciza	2/5	21224		
SEP 1 6 1991	Julia Davidson-R	indell						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215 0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenment of the hospital or attenment of the hospital or attenment.	nours after death. Page 6 may be retained by the hospital or attenual managed
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the first of the first	d in by the funeral director, page 5 should be detached for use as in the same
be ned within 72 hours are used with the State Dept. Or regularly wenter higher prior to burda, cremator, or removal. IMPORTANT: It flem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	or removal. medical examiner must be notified at once.

WILLIAM P. BENSON JR.

32. REGISTRAB'S SIGNATURE
Suma Day doon-Randalle

91 24959 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH (SISTER M.PHILIPPA FLORE MARIE PAQUETTE 3. TIME OF DEATH SEPT. 9, 1991 6:20 A. M 7. DATE OF BIRTH
(Month, Day, Year)
FEB. 8,1902 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 - M 2XXF 217-54-7801 89 CANDA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3725 ELLERSLIE AVE. BALTIMORE, CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD. BALTIMORE, CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3725 ELLERSLIE AVE. 21218 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN DIS. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, spoully Cuban, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify. 14. RACE — American Indian, Black, White, atc. Never Merried 2 Merrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: WHITE ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL NUN (RELIGIOUS) RELIGIOUS ORDER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) FLAVIAN PAQUETTE BE EMMA CHARBONEAU 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SISTER RITA MARY 3725 ELLERSLIE AVE. BALTIMORE, MD. 21218 20a, METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 9 STATE ANATOMICAL BOARD OF MARYLAND 29 SOUTH GREENE ST. BALTO, MD. 23. PART I, Enter the diseases, or complications that caused the Yeath. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximats interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition FORTIC resulting in desth) STENOSIS SEVERE 8 YAS DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury injury, or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS any AVAILABLE PRIOR TO SEVERE KYPHOSCOLIOSIS COMPLETION OF CAUSE 1 TES 2 NO Shows HYPERTENSION 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) item HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 8 - Other (Specify) 10 4 - Nursing Ho 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending M 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) ... 3 Suicide ED 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 4 Homicide COMPLET 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as ateled. = 2 ___ MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Sem D04236 9 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3506 NORTH CALVERT STREET. BALTO, MD.

636%0 10

the first of the same

S. Carrier

ITEM: 23 per FH	
G-680 10/15/91 cm ITEMS:23 thru 28f per ME	
G-680 10/11/91 cm	

	FOR		1.0									2	1	24960	
	1 - STATE REGISTRAR		STATE OF 1	MARYLAN	D / DEPAI CERTIF						HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF				3. TIME OF DEATN	
	_Joseph	N	4ichael			E	ark			MONTN () 9	1 1		991	U3.53 VW	
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF	BIRTN	, ,	8. BIRTH	IPLACE (State or Foreign	
	216 64 9998		1 DM 2 F 37 YRS. MONTHS C			DAYS	HOURS	MIN.	(Month, D		z h	Count	γ)		
	9e. FACILITY NAME (If not institution, give street end number)						May 30, 1954 Md 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH		
R	Peninsula General Hospital					0 1	ich	ourv				F.7.2			
DIRECTOR		RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						-				W1	com	ССР	
뿐	Md Md	Worce				TY, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
		WOLCE	ester		De	rlin								1 YES 2 NO	
M	100. STREET AND NUMBER	aala D	d 0	- D:				ZIP COD	E					VHAT COUNTRY?	
FUNERAL	142 Sandyh	OOK K			_		21	811				US	×Α		
5	11. MARITAL STATUS 1 Never Married 2	Barried	12. WAS DECEDEN FORCES? 1			13. V	WAS DEC	ENDENT C	F NISPANI	C ORIGIN? (S	pecity Yes	or No-	14. RACE Black	- American Indian, t, White, etc.	
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									w White						
	15. DECE	DENT'S EDUC	ATION	100	. DECEDENT'S	I I OO	01104710								
	(Specify only	highest grade	completed)		(Give kind of life. Do NOT u	work done d	uring mo	st of worki	g	16b. KI	ND OF BUS	INESS/INC	DUSTRY		
7	Elementary/Secondary (0- 12	12)	College (1-4 or 5	'	nking	mans	aden	nant		har	nking				
COMPLETED	17. FATNER'S NAME (First, Mic	idle, Last)		ре	iikiiig	marie	gei		MEDIO MAN	IE (First, Midd					
	Martin Carr	oll Pa	rks							owery					
BE	19e. INFORMANT'S NAME (Ty)		1103		19b. MAILING	ADDRESS	(Street o			oute Number,			Codel		
2	Helene Luci	Par	ks											, Md.21811	
	20a, METHOD OF DISPOSITION 1 Straightful 2 Cremettor	3 Remo	rval from State	20b. PL/	ACE AND DATE	OF DISPOSI	TION /Na	me of		1	20c. LO				
	4 Donetion S Other			Su	nset	Vlemo	rial	Parl	ς ς	9/16/9	1 Be	rlin,	Md		
	21. SIGNATURE OF UNESER	SERVICE LIC	A ENGEE			22. N	IAME AN	D ADDRE	SS OF FAC	iuty Bu	rbag	e Fu	Funeral Home		
	11.7%	16/	Supar		108 Williams St., Berlin, Md. 21811										
	23. PART I. Enter the dis shock, or ha	eases, or c	omplication in	caused the	e daath. Do	not anter t	the mod	da of dy	ng, such	as cardiac	or rasoli	atory ar	est.	Approximate	
İ	shock, or ha	art failure. L	list only of a day	me on aech	Ilna.									Intarval Batween Oneat and Death	
Ì	disease or condition resulting in death)		ALCOHO	AND	NARCOT	TIC INTOXICATION							Oneat sing Death		
	resulting in daa(n)		DUE TO	(OR AS A CO	NSEQUENCE O	F):									
Z														İ	
CERTIFICATION	Sequantially list condition If any, leading to immed		DUE TO	(OR AS A COI	NSEQUENCE O	f):									
S	CAUSE (Disease or Injur														
E	that initiated events		DUE TO	(OR AS A CO	NSEQUENCE O	F):									
H	resulting in dasth) LAST	d													
	PART II. Other algnifican	t conditions	contributing to	daath but n	ot resulting	In the unc	larlying	CRUSA	luen In D	ant I I au	. WAS AN	uranau.	T		
_ 11			_		or resulting	m the one	an lynng	cause (ivell ill r	art 1. 24	PERFORI		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
S	FATTY LIV	ER												COMPLETION OF CAUSE	
EDICAL	FATTY LIV	ER								$-\mid D$	YES 2	□ NO		OF DEATH?	
: MEDICAL	FATTY LIV	ER								- D	YES 2	□ NO		YES 2 NO	
AN: MEDICAL		ER									YES 2	□ NO			
SICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	ER	HOSPITAL:	7		OTHER				ck only one)		□ NO			
HYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 \(\text{NO} \) NO	ER	1 🗆 Inpetient 2 🖸		-	4 🗆 Nursi	: ng Nome	5 🗆 Ra	sidence 8	ck only one)	pecify)				
	25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN	ER	1 Inpetient 2 2	INJURY	28b, TIM	4 Nursi	ng Nome 28c. INJU WOF	5 Ra	sidence 6	ck only one) Other (Sp	pecify) BE NOW IN	JURY OCC	CURED		
à	25. WAS CASE REFERRED TO EXAMINER? 1X2 YES 2 NO 27. MANNER OF DEATN 1 Netural 2 Accident	MEDICAL MEDICAL MEDICAL MEDICAL	28e. DATE OF (Month, D. FOUND):	113/9 13/9	286. TIM UNK	4 Nursi	ng Nome 28c. INJU WOF 1 Y	S Ra	NO NO	ck only one) Other (Sp. 28d, DESCRI	necity) BE NOW IN	JURY OCC		YES 2 NO	
à	25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 2 Accident 3 Suicide 8 X C	ER MEDICAL	28e. DATE OF CMpath, D. COND.	1NJURY 9 13/9	20b. TIM UNK	4 Nursi	ng Nome 28c. INJU WOF 1 Y	S Ra	NO NO	ck only one) Other (Sp. 28d, DESCRI	necity) BE NOW IN	JURY OCC		YES 2 NO	
à	25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 8 X C 4 Nomicide	MEDICAL mediag mestigation ould not be retermined	28e. PLACE O building,	EINJURY A	20b. TIM UNK At home, ferm,	4 Nursi	ng Nome Rec. INJU WOF 1 Y	FS 2	NO NO	ck only one) Other (Sp. 28d. DESCRI UN) 281. LOCATIC City or Te	BE NOW IN KNOWN (Street early, State) PIKF	JURY OCC	or Rural R	YES 2 NO	
à	25. WAS CASE REFERRED TO EXAMINER? 1X YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 8 X C 4 Nomicide 29a. CERTIFIER (Check only	MEDICAL MEDICAL meatigning ould not be remined	28e. DATE OF Company of the company	INJURY By 1941 3 / 9 FINJURY — A atc (Specific) my knowledge	28b. TiM UNK at home, ferm, AE	4 Nursi	ng Nome 28c. INJU WOF 1 Y ry, offica	5 Ra	NO and due to	28d. DESCRI UN 28f. LOCATIC City or 7c	BE NOW IN KNOWN IN (Street e. Wn, State) PIKE	JURY OCC	or Rural R	Oute Number.	
à	25. WAS CASE REFERRED TO EXAMINER? 1X YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 8 X C 4 Nomicide 29a. CERTIFIER (Check only	MEDICAL MEDICAL meatigning ould not be remined	28e. DATE OF Company of the company	INJURY By 1941 3 / 9 FINJURY — A atc (Specific) my knowledge	28b. TiM UNK at home, ferm, AE	4 Nursi	ng Nome 28c. INJU WOF 1 Y ry, offica	5 Ra	NO and due to	28d. DESCRI UN 28f. LOCATIC City or 7c	BE NOW IN KNOWN IN (Street e. Wn, State) PIKE	JURY OCC	or Rural R	YES 2 NO	
COMPLETED BY	25. WAS CASE REFERRED TO EXAMINER? 1X YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 8 X C 4 Nomicide 29a. CERTIFIER (Check only	MEDICAL mediag mediag mediantion ould not be retermined FYING PNYSIC AL EXAMINER	28e. DATE OF Company of the company	INJURY By 1941 3 / 9 FINJURY — A atc (Specific) my knowledge	28b. TiM UNK at home, ferm, AE	4 Nursi	ng Nome 28c. INJU WOF 1 Y ry, offica	FRANCE S 2 Manual Place And place And Place An	NO and due to	Other (St. 28d, DESCRI	BE NOW IN KNOWN IN (Street e. Wn, State) PIKE	JURY OCC A Number A S BEF her as stat due to th	or Rural R	Oute Number.	
D BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 2 Accident 3 Suicide 8 X CA 4 Nomicide 29a. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE (MEDICAL anding meatignion ould not be prermined FYING PNYSIC AL EXAMINER OF CERTIFIER	28e. DATE OF FOUNDAME. 28e. PLACE OF Suitching. 28e. PLACE OF Suitching. Clan: To the best of a:	INJURY BY 1981 3 / 9 FINJURY — A etc (Specify) my knowledge samination ence	28b. TIM UNK It home, ferm, E , death occurr for investigation	4 Nursi	ng Nome 28c. INJU WOF 1 Y ry, offica	5 Repair AT AK? ES 2 and place, eath occur	NO NO and due to det the time.	Other (Sp. 28d, DESCRIUN) 28f. LOCATIC City or R OCEAN o the couse(sime, date end	BE NOW IN KNOWN IN (Street e. Wn, State) PIKE	JURY OCC AND AND AND AND AND AND AND AND AND AND	or Rural R AND Y and. e ceuse(s)	oute Number, end menner as stated. (Month, Day, Year)	
COMPLETED BY	25. WAS CASE REFERRED TO EXAMINER? 1X YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide & XCC 4 Nomicide 29a. CERTIFIER (Check only one) 2 MEDIC	MEDICAL MED	28e. DATE OF FOUNDATION OF COMPLETED CAUSE 1 Input In	INJURY BY 1981 3 / 9 FINJURY — A etc (Specify) my knowledge samination ence	28b. TIM UNK It home, ferm, E , death occurr for investigation	4 Nursi	ng Nome 28c. INJU WOF 1 Y ry, offica	5 Repair AT AK? ES 2 and place, eath occur	NO NO and due to	Other (Sp. 28d, DESCRIUN) 28f. LOCATIC City or R OCEAN o the couse(sime, date end	BE NOW IN KNOWN IN (Street e. Wn, State) PIKE	JURY OCC A Number A S BEF her as stat due to th	or Rural R	oute Number, end menner as stated. (Month, Day, Year)	



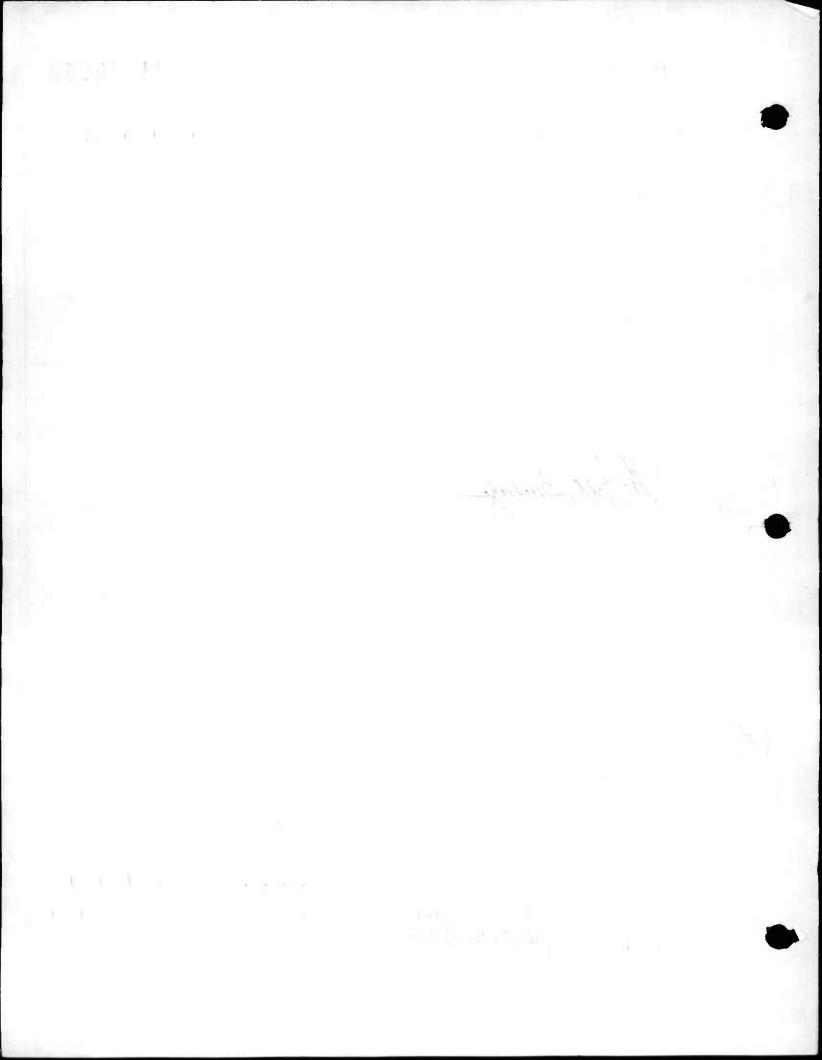
31. DATE FILED (Month, Day, Year)

SFP

16

1991

32. REGISTRAR'S SIGNATURE



DAVID

31. DATE FILED (Month, Day, Year)
SEP 16 1991

	500									2	1961		
	1 - STATE REGISTRAR	STATE OF MAR	YLAND / CE	DEPARTM RTIFIC	ATE C	HEALTH AI	ND MENT	AL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH		
	SOPHIE PASQUA	RIELLO					9 9		.3	91	7:15 p M		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last	birthday) IF	UNDER 1 YE	IF UNDER 24		E OF BIRTH		D 100	PLACE (State or Foreign		
	215-09-6112	1 - M 2 F	72		NTHS DAY		(Moi	y 15,1	919	Country	ryband		
	9a. FACILITY NAME (If not institution, give str			9b	CITY, TOV	VN OR LOCATION	OF DEATH		9c. COUN	ITY OF DI	ATH		
DIRECTOR	CHURCH HOSPITA	AL			BAI	TIMORE	CITY		<u> </u>				
Ĕ	10e. STATE 10b. COUNTY	-		10c. CITY, TO	OWN OR LO	CATION					10d. INSIDE CITY		
	MD	-		Balt	imor	е					LIMITS?		
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?		
E	602 S. Montford	Ave.				2122	4		U.	S.A			
15	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARM	IED	13. WAS	DECENDENT OF H	ISPANIC ORIG	IN? (Specify Ye	a or No —	14. BACE	- American Indien,		
₹	1 Never Married 2 Married 3 Wildowed 4 Divorced	If yes	, specify Cuban, N YES 2 🔯 NO - 3	lexican, Puerto	Ricen, atc.)	2,00	Specif	, White, etc.					
	15. DECEDENT'S EDUC	USTRY											
l iii	Elementery/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)												
교	8 College (1-4 or 5+) Homemaker -												
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
	George Mack 18. Mother's name (First, Middle, Melden Sumame) Anna Golembieski												
BE	George Mack Anna Golembieski 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	Francis Pasquariello 516 S. Durham St. Balto. Md. 21231												
	20a. METHOD OF DISPOSITION		20b. PLACE AN	NDDATEOFD	SPOSITION	(Name of					vn. State		
	4 Donation 5 Other (Specify) Garden of Faith Cem. 9/17/91 Balto. Co. Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
	(Caymord a le chan (ley) George A. Weber & Sons Inc.												
	George A. Weber & Sons Inc. 705 S. Ann St. Baltimore, Maryland 2123												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resolvations expect.												
	anock, or neart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final disease or condition					A					Onaet and Death		
	resulting in desth)	- Wassu	e unt	rucen	elne	I han	Japan	dege					
	disease or condition resulting in death) s. Massure intracenetaril hemogrheege Due to (or as a consequence of): Sequentially list conditions.												
Z	Sequentially list conditions. To Encharble trypertension												
Ĕ	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE DF):												
2	CAUSE (Disease or Injury												
CERTIFICATION	that initiated events	DUE TO (OR	AS A CONSEOU	JENCE OF):									
	resulting in death) LAST												
0	DARK II OIL III												
4	PART II. Other aignificant conditions	contributing to deal	th but not rea	aulting in th	ne underi	Ing cause give	n in Part I,	24s. WAS AN PERFO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL								1 TYES	2/		COMPLETION OF CAUSE		
E I											OF DEATH?		
5											1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				-	DI 105 05 05 15	1.404						
0		HOSPITAL:	V2102	01	HER:	PLACE OF DEATI	H (Check only o	one)	-	-			
₹					_	Iome 5 🗆 Realde	nce 8 🗆 Oth	er (Specify)					
ᇤ	27. MANNER OF DEATH 1 Maturel 5 Pending	28e. DATE OF INJU (Month, Day, Ye		28b. TIME OF INJURY	26c.	INJURY AT WORK?	28d. DI	SCRIBE HOW	NJURY OCC	URED			
84	1 Natural 5 Pending 2 Accident Investigation	•			M 1 [YES 2 NO							
	3 Suicide 6 Could not be	26e. PLACE OF INJ building, etc. (URY — At hom-	e, farm, street	t, factory, c	ffice	261. LO	CATION (Street	and Number	or Rural Ad	oute Number,		
COMPLETED	4 Homicide determined						- City	or Town, State,			10.0		
P	29a. CERTIFIER (Check only	IAN: To the best of my k	nowledge, deat	h occurred at	the time, o	late and place, and	due to the co	use(a) and me	nner aa atate	d. 🗸			
S	one) 2 MEDICAL EXAMINER										end manner on stated.		
		-						200-200					
8	Donte								29d. DATE				
	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 513191												

"BR SADWAY

160 N

32 REGISTRAR'S SIGNATURE Julia Davidson-Randelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2

MALMIAM

NY

BALTIMERE

DHMH-16 Rev 1/89

21231

15511 10 . .

O
CERTIFICATION
MEDICAL
PHYSICIAN:
BY
LETED
OMF
BE (
2

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO)				
	1. DECEDENT'S NAME (First, Middle, Last) Robert Milton Robi	ncon				2. DATE OF DEATH		3. TIME OF DEATH	1		
						Sept. 15	1991	T. CAN	M		
	4. SOCIAL SECURITY NUMBER 5. SEX	The second second	yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Fore Country)	Ngn		
	9e. FACILITY NAME (If not institution, give street end numb	10	YRS.				1915	N.c.			
œ	79 Torque Way	97)			OR LOCATION OF D			Y OF DEATH			
5	RESIDENCE OF DECEDENT			Mila	dle River	<u> </u>	Falt	imore Co.			
Ä	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY			
<u>=</u>	Md. Baltimore			Middle	River			LIMITS?	10		
AL	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
띨	79 Torque Way				21220		US	A			
FUNERAL DIRECTOR		EDENT EVER IN U	S. ARMED	13. WAS DE	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye		4. RACE — American Indian	1,		
BY	IF YES, C	IVE WAR OR DATE	S		ecity Cuben, Maxico 2 NO Specif	n, Puerto Rican, etc.)		Black, White, etc. Specify: White			
	15. DECEOENT'S EDUCATION	35-38						willice			
	(Specify only highest grade completed)		(Give kind of w	USUAL OCCUPATI ork done during me retired.)	ON ast of working	16b. KIND OF BU	SINESS/INDUS	STRY			
7	Elementary/Secondary (0-12) College (1-4	or 5+)	Mac	hinist		Areo	-Space				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				40 1407115010 144		*				
	Ed Robinson					ME (First, Middle, Meiden Le Peterson					
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	AOORESS (Street		Route Number, City or Tow		and a			
2	Ossie B. Robinson, Wif	e				imore, Md					
Ī	20a. METHOD OF DISPOSITION	20b. PI	ACEANDDATEO	E DISPOSITION (N	ime of	0475 200 10	CATION OF				
İ	Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Cemete Ho	II y HII	l Memor	al Garde	ens 9/17/9	Bal:	timore Co.,	Md		
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE		1	ZZ. NAME A	D ADDRESS OF FA	CILITY		Thiox e doi;	124		
	Man Egyp	Guest	e			uneral Hor					
	23. PART I. Enter the disease, or complication	thet ceused th	ne deeth. Do no	1 1407	<u>Eastern</u>	Ave. Bali	imore	Md. 21221			
	ariock, or fleart lenute. List only one	ceuee on each	ine.	or orner the me	de or dynig, auc	n es cerulec or respi	ratory arres	intervei Beti	ween		
	IMMEDIATE CAUSE (Fine) disease or condition Onaet and Death										
	resulting in deeth) e. Col	E TO (OR AS A CO	INSEQUENCE OF	32	OSCUS	e .					
z				,				j			
CERTIFICATION	ii airy, leading to immediate	E TO (OR AS A CO	INSEQUENCE OF	*		_			-		
∑	CAUSE (Disease or Injury										
	that initiated events resulting in deeth) LAST	E TO (OR AS A CO	INSEQUENCE OF	:							
띩	d										
	PART il. Other eignificant conditiona contributin	g to death but	not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FIND	NOS		
EDICAL	Mitsal regurgita	lion.		,		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAU			
	Lett ventlie i/a	- 04	strnet	ion		1 TYES 2	NO NO	OF DEATH?			
=	PVC's					— ´		1 YES 2 NO			
N N	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Chi	ock only one)			\dashv		
PHYSICIAN: M	HOSPITAL	: 2 D ER/Outpatle		OTHER:	5 Residence	B. C. Other (Specific)					
동	(Mo)	E OF INJURY	28b, TIME	OF 28c. INJ	JRY AT	28d. DESCRIBE HOW I	NJURY OCCUR	RED			
BY.	1 Natural 5 Pending 2 Accident Investigation	un, Day, reery	DUNI	M 1 1	RK? ES 2 NO				- 1		
	3 Sulcide 8 Could not be 28e. PLA	CE OF INJURY — .	At home, tarm, st	reet, factory, offic	,	281. LOCATION (Street a	and Number or	Rural Route Number,	$\overline{}$		
	4 Homicide datermined					City or Town, Steta)					
ᆲ	29e. CERTIFIER (Check only	at of my knowledg	a, death occurred	at the time, data	and place, end dua	to the ceuse(a) and man	ner es stated.				
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis	ot axamination en	d/or investigation	, in my opinion, d	eath occured at the	time, date end placa, an	d dua to the c	euse(s) end menner es stetr	ed.		
	296. SIGNATURE AND TYPLE OF CENTIFIER				29c. LICENSE NUM			NED INJOREN, Day, Year)	-		
	Klyn V 10Hor	mD			0351	570	▶ 9/	1491			
۹ ا	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH	(ITEM 27) (Type, F	Print)	CL M	//	- 1/	(0)	\dashv		
		1451	Pina	Da	U- 11	9			- 1		
	31. DATE FILEO (Month, Day, Year)	TRAB'S SIGNATU	RE			-			\dashv		
IF	SEP 16 1991 Julia Pavids	m-Manage	-								

.7.

<u>*</u>

E____E

20 (4)

CORDS, P.O. BOX 68760,

HECO	mquires t	Annu cional
TO NOISIAID	TO THE HOSPITAL DR AITENDING PHYSPAGET IN	THE E-MANAGE
	뿓	THE
	2	E

	REGISTRAR		CE	RIIFIC	ATE O	I DEA	ин	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) IJIIJIAN A.	RINALDI						2. DATE OF DEATH	AY Y	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 816-05-8857	5. 9EX 6. AG	E (In yrs. lest bi	and the same of	UNDER 1 YEAR		ER 24 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-27-19	8.	BIRTHPLACE (State or Form Country)		
TOR M	90. FACILITY NAME (If not institution, give sti 1217 ROXDORO Rd.	eet and number)		96		N OR LOCA	TION OF DE	ATH		of DEATH timore		
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY MI)	Baltimore			own or Lo Rosed					10d. INSIDE CITY LIMITS? 1 YES 2 X N		
FUNERAL	1217 Roxboro Rd.					101. ZIP CO 212	ing. of the contract					
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2/E NO	D	If yee,	ECENDENT specify Cui	en, Maxican	C ORIGIN? (Specify Yea , Puarto Ricen, etc.)	or No 14	RACE — American Indian, Black, White, etc. Specify: White		
APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use refired.) [Give kind of work done during most of working life. Do NOT use refired.)											
BE COMPL	Stephen Janiszewski Frances											
5	Patricia Shannahan 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2511 Burgundy Dr. Fallston, MD 21047											
	20a. METHOD OF DISPOSITION 1 X Burtal 2 ☐ Cremation 3 ☐ Remor 4 ☐ Donation—6 ☐ Other (Specify)	vat from Stata	ob. PLACE AND emetery, cremeted Pardens	tory or other p	place)		9			or Town, Stata		
	22. NAME AND ADDRESS OF FACILITY CVachi/Rosedale Funeral Home 1211 Chesaco Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart fallure. List only one cause of the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
CERTIFICATION	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUE	NCE OF):		72		toha		Approximate interval Bette Onaet and I		
MEDICAL	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOP. AMAILABLE PF COMPLETION OF DEATH? 1 YES 2									24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
PHYSICIAN:		HOSPITAL:	instinct 3 🗆		HER:		DEATH (Chec					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		Bb. TIME OF INJURY	28c. II	NJURY AT VORK?		Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUR	ED		
딢	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ecify)	farm, street				28f. LOCATION (Street or City or Town, State)	nd Number or F	Bural Route Number,		
OMPLE	29e. CERTIFIER (Check only one) t CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	AN: To the best of my know	wiedge, death on end/or inve	occurred at	the time, de	te and place	e, end due to	the cause(e) and mann	ner se stated.	Puse(e) end menner ee state		
O BE C	296 SIGNATURE AND TITLE OF CHITTENER	m·					O G			GNED (Worth, Day, Year)		
	10. NAME AND ADDRESS OF PERSON WHO BE LET STATE STATE OF THE STATE OF	- YDEN, 1	Mh.	C 4	02 (SOLI	DEW	RIVER	1. BA	いかり,		
	as state at an Alexander Day Manel	32. REGISTRAR'S SIGN										

permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an ours after death. Page 6 may be retained by the hos TD THE FLINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIENI REG. NO.	91	24964
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATH
	QUENTIN R.	REINHOLD				Sep. 15.		1:15 p. M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SIRTH (Month, Day, Year)	8. SIRT	HPLACE (State or Foreign try)
	236-24-3504		69 YRS.					ick, W. Va.
e	90. FACILITY NAME (If not institution, give st				R LOCATION OF OEA		9c. COUNTY OF	DEATH
DIRECTOR	301 Cornwall S	06.		Daltim	ore, Mar	yrand	_	<u></u>
H.	10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
		enbrier	Ren		est Virg	inia		1 TYES 2 NO
BY FUNERAL	Rt. 5 Box 554 E	3		10f.	24966		U.S.	A .
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No — 14. RAC	CE — American Indian, ck, White, etc.
<u> </u>	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:		Spe	city:
	15. DECEDENT'S EDUC	CATION	16a. OECEDENT'S U	SUAL OCCUPATION	DN .	16b. KIND OF BUS	Whi	. ve
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) Callege (1-4 or 5 +)	(Give kind of wo	rk done during mo- retired.)	st of working	100. 7.1112 01 200		
1PL	12	2	Steelwo	rker		Steel	Ind.	
ő	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	ME (First, Middle, Malden	Surname)	
BE (Walter C. Re	inhold				beth Cutl		
0	19e. INFORMANT'S NAME (Type/Print)	2.2				oute Number, City or Town		
	Genevieve Reinho					to. Md. 2		
	20e. METHOD OF DISPOSITION 1	oval from State	PLACE OF DISPOSI LIACE ME	morial	Cemeter	y Lewi	cation - city or . .sburg, M	Town, State Vest Virgini
	21. SKINATURE OF FUNERAL SERVICE LIC	ENSEE DON Colo	(,	GEOLE	D ADDRESS OF FAC	er & Sons	Inc.	
7	George A. Web	er & Sons I	ne.					land 21231
	23. PART I. Enter the diseases, or o			ot enter the mo	da of dylng, such	as cardiac or respi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Final	List only one ceuse on ea	on line.	+		0		Interval Between Onaet and Death
	disease or condition	Condia-	Kes Di	wood	Olses	17-		
		A) DUE TO (OR AS A	CONSEQUENCE OF	17	1	0 ~	T	
8	Sequentially list conditions,	HARMA-	656	nolm	a-165	ton-P	en lov	114m-5.B)
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	5	2 Vac	. 1-0	8	A. 1	- <	1-1-1-
[윤]	CAUSE (Disease or injury that initiated events	DUE TO (OFT AS A	CONSEQUENCE OF	wer-	ous	MIN	an re	(DO DIO CH
臣	reaulting in death) LAST	4	To.	(B)				,/
	PART II. Other algnificant condition	a contribution to death h	ut ant moulting in	the wederlyde	anne storie te t	Part I. 24s, WAS AN		
CAL	PART II. Other algument condition	a contributing to death b	at not resulting in	thii underlyini	g cause given in i	PERFOR		NAME AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI						1 YES 2	No	OF DEATH?
						_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	o 5 D Heeldence			
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		28d. OEŞCRIBE HOW I	NJURY OCCURED	
ВУВ	1 Figure 5 Pending Investigation	(World, Day, Tolly			YES 2 NO	_		
ETED E	3 Suitcide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, offic	•	28f. LOCATION (Street of City or Town, State)	and Number or Rura	l Route Number,
E	29e. CERTIFIER	CAN To At a board of the last				****		
COMPL	one)	ICIAN: To the best of my know						e(e) and manner so stated.
BEC	296 SHOUTURE AND THE OF CERTIFIE	1//	. \		29c. LICENSE NUM	BER	29d, DATE SIGN	D (Month, Day, Ybar)
TO B	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	D17	714.	19/	16/91
	SHAWKI-MAI	-EK. MAD	- 120-	siste	- Die	18-18	Ve #	408
	31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S SIGN	ATURE MINOR	482	1			
- 0	4116149EL [0]	991 guharda	WIGODA-NAMA					

	-	REGISTRAR	STATE OF MARYLAND /	ERTIFICAT	E OF DEATH	REG.		
		1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT	'n	3. TIME OF DEATN
		GENEVIEVE		SZCZEF	ANIAK	MONTH 9		1 4:47 P
Pa	1	4. SOCIAL SECURITY NUMBER 215-01-6650	5. SEX 1 M 2 F 83	YRS. IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	ar) 0.57	BIRTHPLACE (State or Foreign Country)
2, 3 should	OR	98. FACILITY NAME (II not institution, give s FRANCIS SCOTT	MEDICAL CENT	ER % CF	ALTIMORE OF C	TTY	9c. COUNTY	OF DEATN
nit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	Y	10c. City, TOWN	OR LOCATION			10d. INSIDE CITY UMITS? 1 YES 2 NO
and sermit.	FUNERAL	437 Anglese	A St.		10f. ZIP CODE 2122	4	10g. CITIZEN	OF WHAT COUNTRY?
2 2	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, OIVE WAR OR OATES	IMED 13	WAS DECENDENT OF NISPA If yes, specify Cyben, Mexic 1 YES 2 NO Specif	en, Puarto Rican, etc	y Yea or No — 14.	RACE — American Indian, Black, White, etc.
should be detached for use as solutified at once.	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gi	. Do NOT use retired.	during most of working	16b. KINO OF	BUSINESS/INDUST	TRY
by the hospit be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last)	alisien ica	USEID		AME (First, Middle, Ma	iden Sumeme)	
5 should be notified at	TO B	19a. INFORMANT'S NAME (Type/Print)	198		SS (Street and Number or Rural	Route Number, City of	Town, State, Zip Coo	(io)
		200 METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	20b.PLACE	AND DATE OF OISPO		OATE 200	LOCATION - City	or Town, State
Page 6 mar director, p		4 Donation 5 Other (Specify)	51.5	matory or other place)5	9/16	Batto.	NO.
after death. Page 6 may be by the funeral director, page smoval.		Kathleen	Weller)) <u> </u>	NAME AND ADDRESS OF FA		401	5. Chester St
24 nouns filled in ion, or re		IMMEDIATE CAUSE (Final disease or condition	complications that caused the da List only one cause on each line	ath. Do not anta	r tha moda of dying, suc	ch as cardisc or n	espiratory arrest,	Approximate Interval Batween
		resulting in death)	DUE TO (OR AS A CONSEC	DUENCE OF):	justo			Onset and Daati
th certificate be executed ending physician and con i Hygiene prior to burial, or other traumatic entires and an incomplete in the incompl	u	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A CONSECUTE) DUE TO (OR AS A CONSECUTE) DUE TO (OR AS A CONSECUTE)	QUENCE OF):	justo			Onset and Dasti
I the death certificate be executed by the attending physician and con no Mental Hygiene prior to burial, I Injury, or other traumatic et al. CEDTIES AT CEDTIES AT I CEDIES AT I CED	CAL CE	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSECU	DUENCE OF):	nderlying cause givan in	PER	S AN AUTOPSY IFORMEO? S 2 \n\Cap\no	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires that the death certificate be executed on solid to the attending physician and con of Health and Mental Physine prior to burial. Shows any Injury, or other traumatic et with the control of th	MEDICAL CE	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	DUENCE OF):		1 [] YE		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
requires that the death certificate be executed een signed by the attending physician and con of heath and Mental Hygiene prior to buria, shows any Injury, or other traumatic e.	MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	DUE TO (OR AS A CONSECU	DUENCE OF): DUENCE OF): DUENCE OF):	26. PLACE OF OEATN (Ch	1 YE	FORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHYSICIAN: The law requires that the death certificate be executed this certificate has been signed by the attending physician and con with the State Dept. of Health and Mental Hygiene prior to burial, riced, or item 23 shows any Injury, or other traumatic expensions.	PRISICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO (OR AS A CONSECT OF TO (OR AS A CONSEC	DUENCE OF): DUENCE OF): asulting in the u DOA OTHE DOA IMB OF INJURY	26. PLACE OF OEATN (Ch R: raing Home 5 - Residence 28c. INJURY 1 WORK?	PER 1 YE 1 Other (Specify) 28d. DESCRIBE NO	S 2 2 NO	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TENDING PHYSICIAN: The law requires that the death certificate be executed OR: After this certificate has been signed by the attending physician and con fer death with the State Dept. of Health and Mental Hygiene prior to burial, 8 is marked, or item 23 shows any Injury, or other traumatic entry by VSICIAN: MEDICAL CERTIFICATION.	EU BI PRISICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN	DUE TO (OR AS A CONSECT. DUE TO (OR AS A CO	DUENCE OF): DUENCE OF): asulting in the u DOA OTHE A INJURY 4:15PM	26. PLACE OF OEATN (Ch R: rsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 X NO	PER 1 YE 1 YE 8 Other (Specify) 28d. DESCRIBE NO STRUCK 28f. LOCATION (Str. City or Town, S	OW INJURY OCCURE BY MOT	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PEPEDESTRIAN COR VEHICLE
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed NRECTOR: After this certificate has been signed by the attending physician and con ours after death with the State Deft. of Health and Mental Hygiene prior to burial, em 28 is marked, or item 23 shows any injury, or other traumatic en ETED BY DHYSICIAN: MEDICAL CEDTIES ATTICAL.	EU BI PRISICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 6 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PNYSIK)	DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. EXAMPLE: DUE TO (OR AS A CONSECT.	DUENCE OF): DUENCE OF): DUENCE OF): DOA OTHE OTHE INJURY 1 1 5 P M TREET The occurred at the	26. PLACE OF OEATN (Ch. R: rsing Home 5 - Residence 28c. INJURY AT WORK? 1 - YES 2 X NO tory, office	PER 1 VE 1 VE 1 VE 1 VE 1 VE 1 VE 1 VE 1 VE	ow injury occurse BY MOT seel and Number or R. 54th manner se stated.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO EOPEDESTRIAN FOR VEHICLE LUTHI ROUTE Number. ERN BLVD.
ITENDING PHYSICIAN: The law requires that the death certificate be executed TOR: After this certificate has been signed by the attending physician and con after death with the State Dept. of Health and Mental Hygiene prior to burial, 28 is marked, or item 23 shows any Injury, or other traumatic entry DEM DEMONSTRIAN: MEDICAL CEDITIES ATTION.	BE COMPLETED BY PRISICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 6 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PNYSIK)	DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. ER/Outpetient 3 28a. OATE OF INJURY (Month, Day, Year) 9-10-91 28a. PLACE OF INJURY — At horn building, etc. (Specify) STI CIAN: To the best of my knowledge, des	DUENCE OF): DUENCE OF): DUENCE OF): DOA OTHE OTHE INJURY 1 1 5 P M TREET The occurred at the	26. PLACE OF OEATN (Ch. R: rsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 X NO tory, office	eck only one) 8 Other (Specify) 26d. DESCRIBE NO STRUCK City or Town, S EAST of to the cause(a) and time, data and place	ow INJURY OCCURE BY MODE and Number or Riters EASTE 54th S manner se stated, , and due to the ceu	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ROPEDESTRIAN FOR VEHICLE TOR VEHICLE TOR BLVD. TOR BLVD.

32. REGISTRAR'S SIGNATURE

Lulia Davidson Randolle

SEP 16 1991

DHMH-18 Rav 1/89

1 - FOR STATE REGISTRAR

8	eg.
ate	ysic
iffic	F
Cert	ding
death	TO THE FUNERAL DIRECTION THE CHIRCATE has been signed by the attending physician
he	the
Jat 1	5
as th	ned:
Mire	S.
rec	Deer
W.P.	SBI
E	te
AN:	ifica
g	8
景	12
慘	3
ů	Œ.
림	俢.
1	ø
-	0
M	M
dSO	UNE
부	¥.
E	E
	1
	TO THE HOSPITAL OF A TUTOWO PHISTIAN: The law requires that the death certificate be

- 1	REGISTRAR 1. OECEOENT'S NAME (First, Middle, Las	t)		CENTIFI	OAIE (OF DEAT		REG. N	O		TIME OF DEATH		
	MARIE SAH	м. J.					_ '	MONTH	DAY	PASY	10:10		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER 1 YE	EAR IF UNDER 2	4 HRS. 7	DATE OF BIRTH		0.7	CE (State or Fore		
	213-03-7437	1 □ M 2 🙀 F	72	YRS.	MONTHS DA	NYS HOURS	MIN.	3-12-19		Country)			
	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATION	OF DEAT			TY OF DEAT			
6	CHURCH HOSPI	TAL			BAL!	TIMORE CITY							
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY		I the CITY	TOWN OR L	OOATION.							
DIRECTOR	MD							1	d. INSIGE CITY LIMITS?				
	10e. STREET AND NUMBER			B	Ball.	IMOre			ton CITIZ		YES 2 1		
EB	903 N. Cast	le St.				212	25	.S.A					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS	DECENDENT OF	HISPANIC	ORIGIN? (Specify Y			American India		
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W		₹wo	If yo	s, specify Cuban,	Mexican, F Specify:		Black, W	white, atc.			
	15. DECEDENT'S EC (Specify only highest gra-	DUCATION	16a.	DECEDENT'S	SUAL OCCU	PATION		16b. KIND OF B	USINESS/INDU				
١	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)	g most of working							
M M	8th			Home	make	er		Н	ome				
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHE	R'S NAME	(First, Middle, Maide	n Surname)				
BE	Joseph Rybak							voboda					
2	19a. INFORMANT'S NAME (Type/Print)	Cl. 1						te Number, City or To					
.	MI. CHAILES J. SAMM 903 N. Castle St. Balto., Md. 2120												
	20s. METHOD OF DISPOSITION 1 © Buriel 2 of Cremation 3 © Removal from State 20b. PLACE AND DATE of DISPOSITION (Name of commence of comm												
	4 Donation 6 Other (Specify)	ICENSEE A	Gre	enmou	nt Ci			I	Balto	. Mc	1.		
		17/.				FAND ACCRESS			12020-	1 110-			
	Hartley Miller Funeral Home 7527 Harford Rd Balto Md 21 21 PART VEnter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory erreat, interval Batteria. Approximate interval Batteria												
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Leafundory Jew'Sure Die to (OR AS A CONSEQUENCE OF): Die to (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
ij <u> </u>	reculting in death) LAST												
MEDICAL	PART II. Other eignificent condition	one contributing to	Smerry	close		iying ceuse giv	ren in Per	1 i. 24a. WAS AI PERFO	RMED?	AVA COI OF	RE AUTOPSY FIN ILABLE PRIOR TO APLETION OF CA DEATH?		
A N	25. WAS CASE REFERRED TO MEDICAL												
	EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEA							
<u> </u>		1 Inpatient 2		3 L DOA 28b. TIME		Home 5 Resid	-						
HASIC		26a DATE OF		INJU	RY	INJURY AT WORK?		d. DESCRIBE HOW	INJURY OCCU	RED			
- 10	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF (Month, Da	y, Year)				10						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Da	INJURY — At	home, ferm, at			28	titice 2at. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ED BY	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Da		home, ferm, at			28	f. LOCATION (Street City or Town, State	and Number or	Hural Houte	Number,		
ED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	(Month, Da 28s. PLACE OF building, s	INJURY — At atc. (Specify)	death occurred	at the time,	office data and piece, a	nd due to t	City or Town, State	nner es atated	J.			
E COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CONTROL CONTROL CERTIFYING PHYSICAL CER	(Month, De	INJURY — At atc. (Specify)	death occurred	at the time,	data end pieca, a on, death occured	nd due to t	City or Town, State the cause(s) end ms	nner es atated nd due to the	cause(s) and	I manner as ster		
COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER Chi - John	(Month, De 28s. PLACE OF building, s SICIAN: To the best of axi MER: On the best of axi ER	inJURY — At atc. (Specify) my knowledge, emination and/	death occurred for investigation.	at the time,	office data end piece, a m, death occured	nd due to t	City or Town, State the cause(s) end ms	nner es atated nd due to the	l. cause(s) and	I manner as sta		
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 5 Pending 1 Natural 5 Pending 2 Natural 5 Pending 1 Na	(Month, De 28s. PLACE OF building, s SICIAN: To the best of axi MER: On the best of axi ER	inJURY — At atc. (Specify) my knowledge, emination and/	death occurred for investigation.	at the time,	data end pieca, a on, death occured	nd due to t	City or Town, State the cause(s) end ms	nner es atated nd due to the	cause(s) and	I manner as sta		

91-5256 ITEMS:28a-28f per ME G-680 10/23/91 cm

91 24967

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAR	RTMENT O	F HEALTH AND	MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		3. TIME OF DEATH
Α.	RAM	SEY		SM	IITH	MOHTI	DAY	YEAR	_
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.		1 () OF BIRTH	9 1	8:10 A M IPLACE (State or Foreign
162-32-3860	1 [X M 2 [] F	78	YRS.		AYS HOURS MIN.	(Monti	0/1913	Countr	NSYLVANIA
9e. FACILITY NAME (If not institution, give a				9b. CITY, TO	WN OR LOCATION OF			INTY OF D	EATH
FALLSTON GEN	ERAL HO	SPITA	L	FA	LSTON		E	IARF	ORD
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y		10c CIT	Y, TOWN OR L	OCATION				
PENNA.	York				OCATION				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	TURK			ELTA					1 YES 2 NO
R.D. 2 Box 30:	1 RT.	7/1			10f. ZIP COOE				VHAT COUNTRY?
11. MARITAL STATUS				7	17314				STATES
1 Never Married 2 Merried	12. WAS DECEOEN FORCES? 1	YES 2	Z NO	13. WAS	DECENDENT OF HISPA e, specify Cuban, Maxie	ANIC ORIGIN	? (Specify Yea or No-	14. RACE Bleck	— American Indian, k, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	`		YES 2 XNO Spec		,	Speci	fy:
15. DECEOENT'S EDU	CATION	180	DECEDENTS	USUAL OCCU	BATION	700			ITE
(Specify only highest grade Elementery/Secondary (0-12)			(Give kind of life. Do NOT us	work done durin	ng most of working	160.	KIND OF BUSINESS/IN	DUSTRY	
8	College (1-4 or 5		ARME				DAIRY		
17. FATHER'S NAME (First, Middle, Last)			MICHE	11	49 4407145040 44		DAIKY fiddle, Maiden Surname)		
ANDREW RAMSEY S	SMITH						ORRIS		
19a, INFORMANT'S NAME (Type/Print)			10h MAII INC	ADDRESS (C)					
JANE A. HAWKINS	3		D D	_			er, City or Town, State, Zi	p Code)	11.6
20a. METHOD OF DISPOSITION			N.D.		ox 228 H		LTA, PA	1/3	14
X Buriel 2 Cremetion 3 Rem	oval from State		crematory or o	OF DISPOSITIO ther place)		DATE			wn, State
21. SIGNATURE-OF FUNERAL SERVICE LIC	CENSEE	7111.	NEBO		TERY SE AND ADDRESS OF F		3 DELTA	PA	
· Leffuy	P. Z	well	des				Home, I	N.C	DELTA, PA
23. PART I. Enter the diseases, or c	complications the	t caused the	death. Do r	ot enter the	mode of dving au	ch se cord	inorte) I	NC.	
officer, of fleat failure.	List only one ceu	ise on each li	lne.	A 1 .	mode of dying, so	on an care	rac or respiratory as	reat,	Approximate intervel Between
IMMEDIATE CAUSE (Finel disease or condition	Che	ct-	0	The	1	T	12000		Onset and Death
reaulting in death)	a. Due to	(OR AS A CON	wer.	VVA	unined	-	Jornes		
	DOE 10	(On AS A CON:	SECUENCE OF	r):					
Sequentially list conditione,	b. DUE TO	(OR AS A CONS	SECULENCE OF	D.					
if any, leading to immediate cause. Enter UNDERLYING		(0	SECOLIVOE O	,.					
CAUSE (Disease or injury that initieted events	c. OUE TO	(OR AS A CONS	SEQUENCE OF	5).					
resulting in death) LAST		,	JEGGENGE OF	, .					
	d		-						
PART II. Other eignificant condition	a contributing to	deeth but no	t reaulting i	n the under	lying cause given in	Part I.	24s. WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						-	XXYES 2 NO		OF DEATH?
									1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					PH ACE OF THE STATE OF				
EXAMINER?	HOSPITAL:	S some	• 55 55	OTHER:	8. PLACE OF DEATH (C				
27. MANNER OF DEATH	1 Inpetient 2 2				Home 5 Residence	_			
1 Natural 5 Pending	(Month, D.	ay, Year)	26b. TIM	URY	INJURY AT WORK?		OO YRULNI WOH BEIRC		OCOLLISION
2 Accident Investigation	9-10-	ar ab	UNKN	CAALA	YES 2 NO				
3 Suicide 6 Could not be	268. PLACE O building.	F INJURY - At	nome, farm, a	treet, tectory, o	office	261. LOCA	TION (Street and Number	or Rural R	oute Number,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

LOCKE

LARON

29d. DATE SIGNED (Month, Day, Year)

SEPTEMBER 11,1 29c. LICENSE NUMBER O.C.M.E.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
OCKE M.D. 111 PENN ST. BALTIMORE, MD. 21201

6 SEP 1991 32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-20rs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

DHMH-16 Rev 1/89

the personal The well requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

		1. DECEDENT'S NAME (First	Affeldia Lant)			<u> </u>		- 0.		1	2. DATE OF DEATH			3. TIME OF DEATH
	ļ	MONTH DAY YEAR												
		MAX SCHMIDT		T			I I I I I I I I I I I I I I I I I I I		T and the same		02 12	19	4-	8:15 A M
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year,		8. BIRTH	HPLACE (State or Foreign ry)
목		215-09-0016		1 M 2 D F	77	, the			1		02-04-1			YLAND
3 should	~	9a. FACILITY NAME (If not in				1			OR LOCATIO		ATH	9c. CO	UNTY OF D	EATH
23	0	VA MEDICAL		3			F(ORT	HOWAF	RD		BA	LTIM(DRE
les 1,	DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CI1	Y, TOWN	OR LOCA	TION			10d, INSIDE CITY		
Page	뜸	MARYLAND				BAL	TIMOE	RE						LIMITS? 1 VES 2 NO
ermit	4	10e. STREET AND NUMBER						_	t. ZIP CODI	E		10g. Cl	TIZEN OF	WHAT COUNTRY?
physician, burlal-transit permit. Pages 1, 2.	FUNERAL	909 W. LOME	BARD S	TREET					21223	3		STATES		
al-tra	5	11. MARITAL STATUS	0.000	12. WAS DECEDE	T EVER IN U.S.	. ARMED	13.	WAS DE	CENDENT C	F HISPAN	IC ORIGIN? (Specify		14, RAC	E — Americen Indian, ik, White, etc.
bur a	BY F	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE	YES 2				S 2 NO				Spec	
as the					WAR II							*******		WHITE
r affe	圓	(Specify onl	EDENT'S EDU y highest grade	completed)		Give kind of life. Do NOT u	work done	during m	ION lost of working	ng	16b. KIND OF	BUSINESS/IN	NDUSTRY	
d for	COMPLET	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)						Pair	nting	_ U0	11000
the hosp detache once.	Ž	8th Grade 17. FATHER'S NAME (First, M	fiddle (asi)			Paint	er		I 10. MOT	HED'S MAN	ME (First, Middle, Mai	-		u5e5
be de		The state of the s		Frederic	k Л. So	chmidt.			10. 11.01					
retained by the hospital or attending 5 should be detached for use as the notified at once.	BE	Frederick J. Schmidt Clara J. Rudloph 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Paral Poute Number, City or Town, State, Zip Code)												
5 should notified	2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10c B. Holden 102 S. Poppleton Street Baltimore, Md. 21201												
ay be														
e 6 may ector, p must	1	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State												
ter death. Page 6 m the funeral director, wal.	,	A Donation 6 Other (Specify) New Cathedral Cemetery Baltimore, Maryland 21. SIGNATUBE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
death. Pag tuneral di.		George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225												
n by the removal.		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
		23. PART I. Enter the d shock, or h	leart fallure	List only one ce	use on each	iine.	not ente	r the m	ode of dy	ing, suct	n aa cardiac or re	spiratory s	rrest,	interval Between
S S - m		IMMEDIATE CAUSE (Fine)												
		e. METASTATIC CARCINOMA TO THE LIVER ONE YEAR ONE YEAR												
B 2 2 3				DUE	OH AS A CO	NSEOUENCE ()F):							
and and pur	CERTIFICATION	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
requires that the death certificate be a signed by the attending physician of Health and Mental Hygiene prior to thows any injury, or other traus	AT	if any, leading to imme cause. Enter UNDERLY												
ertificati ing phy- giene p other		CSUSS. Enter UNDERLYING C. DUE TO (OR AS A CONSEQUENCE OF):												
h cert	H	resulting In death) LAST												
the death the atte d Mental		PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
ind the	DICAL			_	destribut n	iot resulting	in the u	naeriyii	ng ceuse	given in	PERT I. 24a. WAS	FORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
and part and and and and	ă	_GLAUCOMA_	BILAT	ERAL							1 _ YE	3 2 X NO		OF DEATH?
equires en sign of Heal	ME										_			1 TES 2 NO
12 to 18 to	Z	l		_										
世代日本	HYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		PLACE OF E	EATH (Che	eck only one)			
o de S	IXS	1 TYES 2 NO		1 Xinpatient 2		nt 3 🗆 DOA	1			ealdence	6 Other (Specify)	THE RESIDENCE OF	COURTE	
能顺弹 的	۵		Pending		Day, Year)		IJURY M	W	HJURY AT YORK? YES 2	¬ мо	28d. DESCRIBE HO	W INJURY U	CCURED	
a M E	BY	2 Accident	Investigation	28a. PLACE	OF INJURY — /	At home form	street for			INO	26t, LOCATION (St	nat and Mumb	her or Rumi	Roude Mumber
E PAR	8	3 Suicide 6 4 Homicide	Could not be determined	building	, atc. (Specify)	a monte, min		ctory, orn			City or Town, S		JOY OF PILITAIN	rioura riumboi,
HOSPITAL OR ATTER FUNERAL DIRECTOR WITHIN 72 hours after TANTE II them 28	ᇦ	29a. CERTIFIER											_	
로 로 전 =	MP	(Check only		SICIAN: To the best										
THE HOSPITAL THE FUNERAL Fled within 72 PORTANT: II i	COMPLE				examination en	azor investigat	ion, in my	opinion,	death occu	rea at the	time, data and place	, and due to	the cause	(a) and manner as stated.
HE F	BE	296, SIGNATURE AND TITL	E OF CERTIFIE	D		h.	h		29c, LIC	ENSE NUM	ABER	29d, D	ATE SIGNE	D (Month, Day, Year)
6 6 3 M	2	TWV			MI	111,1	X.		1				9-12	-91
		30. NAME AND ADDRESS O	437											
all		AURORA C. T.	Mart.		ÆDICAL		ER,]	FORT	HOW	ARD,	MD 2105	2		
1/		31. DATS EPOMOUTH, BOY	1991	Fulia Da	HANDA-R	indess.								
				4										



		4 DECEMBER WATER ST. LAND	CERTIFICATE OF DEATH REG. NO.											
		1. DECEOENT'S NAME (First, Middle, Last)						2. OATE OF DEATH	AY	3. TIME OF DEATH				
		22011	JEAN			SMITE	H			YEAR 4:15 P M				
_		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday) IF	UNDER 1 YEAR		7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign				
		213-86-5705	1 🗆 M 2 💢 F	26	YRS. MO	NTHE DAYS		(Month, Day, Year) 06/27/19	65	N. Carolina				
3 should		9e. FACILITY NAME (If not institution, give	street end number)		91	CITY TOWN	OR LOCATION OF D							
S. S.	Œ	JOHNS HOPKINS H							Se. COUNT	Y OF DEATH				
1. 2.	рінестон	RESIDENCE OF DECEDENT	OSPITAL		I B	ALTI	MORE CIT	. Х						
EA	/M	10e. STATE 10b. COUNT	Υ		10c. CITY, T	OWN OR LOC	ATION			10d. INSIDE CITY				
(9/50	ā	Maryland			Ba.	Baltimore City								
En.	14	10e. STREET AND NUMBER					Of, ZIP CODE		N OF WHAT COUNTRY?					
Sit	B.	13 North rose St	reet				21224		ted States					
020 physician. burial-transit	FUNERA	11. MARITAL STATUS	12. WAS DECEDENT	FVED IN II C ADI	MED	1 40 990 0								
21215-0020 of attending physician for use as the burial-tran		1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2 N	0	If yes, s	specify Cuben, Mexico	NIC ORIGIN? (Specify Yea on, Puerto Ricen, etc.)	or No- 1	I. RACE — American Indian, Black, White, etc.				
r attending	BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OH DATES		1 🗆 YE	S 2 X NO Specif	y:		Specify: White				
trence as	ETED	15. DECEDENT'S EDU	15. DECEDENT'S EDUCATION			UAL OCCUPAT	ION	165 KIND OF BUI						
- 6 °		(Specify only highest grade Elementary/Secondary (0-12)		(GA	ve kind of work Do NOT use re	done during n	nost of working	16b. KIND OF BU	SINESS/INDU	STRY				
	7	9	College (1-4 or 5 +)		Studer									
The hospital detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)												
RYLAND ed by the hospit uld be detached ed at once.	- 6	R. T. Pittman					Ella	ME (First, Middle, Melden	en Surneme) Ffman					
Bed by	BE	19e. INFORMANT'S NAME (Type/Print)												
MARYI s retained by s 5 should be notified at	2	Ella Milam		19b. MAILING			end Number or Rural	Route Number, City or Tow	n, State, Zip Ci	ode)				
					3 N. F			imore, MD	21224					
ALTIMORE, I death. Page 6 may be funeral director, page 8		29a. METNOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem	20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or To							y or Town, State				
MC ige 6 sirect		4 Donation 5 Other (Specify) Cemeral Commence Commence Cemeral Commence Cemeral Commence Cemeral Commence Cemeral Commence Cemeral Cem												
BALTIMOR er death. Page 6 ma the funeral director, p val.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE LISTALIST SHOULD ADD ADDRESS OF FACILITY Lilly & Zeiler, Inc.												
deati fun fun		► Lilly - Zei/elfayl Jourday Wolfe & 2000 Eastern Avenue 21231												
B in by the removal.														
		23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or haert fellure. Liet only one ceuse on each line. Approximate interval Between												
24 E B		IMMEDIATE CAUSE (Final												
60, within 24 ripletely fills cremation, vent, the		resulting in deeth)												
Executed wrthin and completely oburial, crematic event, the	1		DUE TO (OR AS A CONSEO	UENCE OF):									
atic Burd Bect	N N	Sequentially liet conditions,												
BOX cate be ex thysician a e prior to	Ē	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
BOX ficate be physician ne prior to	S													
o.O. B n certificat nding phy Hygiene p	1	thet initiated eventa	et initiated eventa OUE TO (OR AS A CONSEQUENCE OF):											
4 F 5	H	d,												
		PART il. Other eignificent condition	a contributing to d	leath but not re	aultina la ti									
P D A	MEDICAL			aatti but not re	euiting in tr	ne underlyir	ng cause given in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
Signed Health a	ă							YES 2	□ NO	COMPLETION OF CAUSE DF OEATN?				
REC requires been sign of Healt								1		1 TYES 2 NO				
0 -	z													
는 음을 등	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	26. PLACE OF OEATH (Check only one)										
OF VITAL PHYSICIAN: The law this certificate has with the State Dep ked, or item 23	S	1 XYES 2 NO	1 Inpatient 2X	ER/Outpatient 3 [HER: Nursing Nor	ne 5 🗆 Reeldence	A Chhar /Specifici						
OF PHYSIC this cer with th	Į I	27. MANNER OF OEATH	28e. DATE OF III	280. DATE OF INJURY 28b. TIME OF			JURY AT	28d. DESCRIBE HOW INJURY OCCUREO						
	BY	1 Naturel 5 Perioding	(Month, Day UNKN	DWN	UNKNO		YES 2 NO	UNKNOWN						
ON JOING JOING death death		a 🗆 a	28e. PLACE OF	INJURY — At hom	e, ferm, street				LOCATION (Street and Number or Rural Route Number,					
DIVISION OF VI. OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the Str Item 28 is marked, or it	ETED	4 Nomicide determined						City or Town, State) UNKNOWN	If end Number or Rural Route Number, (te)					
DIV OR A DIREC Hours	"	29e. CERTIFIER												
J 42 -	COMPL	(Check only	CIAN: To the best of m	y knowledge, dea	th occurred at	the time, date	e end place, end due	to the cause(e) and man	ner ee stated.					
HOSPITAL FUNERAL WITHIN 72 I	8	MESICAL EXAMINE	R: On the beele of exe	mination end/or in	vestigation, in	my opinion,	death occured at the	time, date end place, end	due to the c	euse(e) end menner ee stated.				
H H W H	BE	ATURE AND TITLE OF CENTIFIER	0-1	11			29c. LICENSE NUM	BER	29d. DATE SIGNED (Month, Day, Year)					
TO THE HOSPITA TO THE FUNERA BE filed within 72 IMPORTANT: P		1 aun 1	rel	W)			O.C.M	.E.	► 09/11/91					
	유	1. NAME AND ADDRESS OF PERSON WN	O COMPLETED CHESE	OF OEATH (ITEM	27) (Type, Print	r)			00/	, .				
	I.	1 HOW COLE	- mu)				ם התקקה	AT.TTMODE	MADV	LAND 21201				
	f	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	II P	TIMIN S	TREET	PULLINGE	, MMKI	חטווח קוקחן				
	II.	SEP 16 1991	Julia Davidso	S SIGNATURE										

la	ğ	
Spi	hed	es.
e h	etac	nce
y th	p ac	at o
P	D	P
aine	Shou	Ě
Tel	10	20
y	age	Pe
E	0.	ust
9 9	rect	E
S.	- G	ner
att.	mer	E
de	al fe	e X
afte	y th	cal
N.S	in	edi
	lled	83
2	ly fi	=
É	rem	ent,
Pa v	OTTO PL. C	2
DOC CE	o bu	tic
600	T ar	E
e b	sicia	ta
ficat	phy o	le.
erti	ling	8
th.	tend al H	0
de	Aent	E S
th	N th	E
that	pa pa	any
ires	Sign	2
nbau	50	19
3€	S be	3
19	e ha	E
ž	Star	ife
CIA	the	0
HXS	SIF C	pe
9	er th	nar
ON	Aft	88
E	TOR Patter	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arminus after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 72 hours after death with the State Bent of Health and Mental Hoolene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
07	DO	He
PITA	ERA	1
108	NO.	AN
뽀	出る	ORI
II O	T O	d X
-	F 2	=

STANLEY I. PHILLIPS, M.D. VANC,

31. DATE FILEO (Month, Day, Veer)

SEP 16 1991

Sthis Bairdson—Rande

his Tavidson Pande 22

	FOR STATE REGISTRAR DECEOENT'S NAME (First, Middle, Last		MARYLAND /		TMENT ICATE					REG. NO.	E 91		4970		
					1 m		•		2. DATE C	D/		YEAR	TIME OF DEATH		
- 3	Milten B. Tankar		ilton Be			-	_					1991	9:00 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	**	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE O (Month,	Day, Yeer)		B. BIRTHPLA Country)	CE (State or Foreign		
	216-03-2297	63	1 Q M 2 □ F 79			YRS.			11-7	27-11		MD			
FUNERAL DIRECTOR	9e. FACILITY NAME (If not institution, give	· ·			9b. CITY,	TOWN OF	R LOCATI	ON OF DE	EATH		9c. COUNT	Y OF DEATI			
	PERRY POINT V	AH									C	ECIL			
	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	TY		10c CI7	Y TOWN O	B LOCATI	ON					T 10	I, INSIDE CITY		
	MD	2.7	PRESTVILLE												
	10e, STREET AND NUMBER			10	KLJI	-					T				
	3707 MONACCO	COURT				101.	ZIP COD						COUNTRY?		
밀				2074							S.A.				
5	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES?		NO	1	If yes, spe-	cify Cubs	n, Mexice	n, Puerto Ri	ORIGIN? (Specify Yes or No— 14. RAG			Americen Indien, nite, etc.		
В	3 Widowed 4 Divorced	IF YES, GIVE	YES, GIVE WAR OR OATES 1 TYES 2 X NO					Specif	y:		Specify:	BLACK			
	15. DECEDENT'S EC	DUCATION	16a DE	16e. DECEDENT'S USUAL OCCUPATION					165	KIND OF BUS					
E	(Specify only highest gra-	de completed)	(Gi	ive kind of	work done of se retired.)			ng	100		G AU		25		
7	Elementary/Secondery (0-12)	College (1-4 or 5	+)							LTIM		ιπ. '	J.F		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						40 MOT	HEDIO NA		iddle, Maiden	011				
	BERNARD TANK	ΛDD				ľ					Sumame)				
8	19e. INFORMANT'S NAME (Type/Print)	AND	1						THOM						
2		DDV UTCH									n, State, Zip (,			
	BONITA M. HARDY HICKS 3707 MONACCO CT./FORESTVILLE, MD 20747														
	20s. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State other place)														
	4 Donetton 5 Other (Specify) GARRISON FOREST VA CEM. OWINGS MILLS, MD														
	1. 1. 1.00														
	William T. H. J. T. H. M. M. T. H. M. M. M. M. M. M. M. M. M. M. M. M. M.														
	23. PART I. Enter the disesses, o	r complications th	at causad the de	ath. Do	not anter	the mod	da of dy	ing, auc	h as cerdi	ac or reapi	ratory arre	st,	Approximate		
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death														
	disesse or condition	Sentic	omia duo	to	Trifoc	ation	n of	ET: ~	Dogu	Decidend			Solder New Sealings		
	s. Septicemia due to Infection of Hip Decubiti Due TO (OR AS A CONSEQUENCE OF):														
-	_														
CERTIFICATION	Sequentially list conditions,	if eny, laeding to immediate													
¥	CAUSE (Disease or Injury														
프	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSEC	OUENCE C	F):	-	4								
F	resulting in death) LAST														
8															
AL	PART II. Other significant conditi		o deeth but not r	resulting	In the un	nderlying	csuse	given in	Part I.	24a, WAS AN PERFOR			RE AUTOPSY FINDINGS		
20	Organic Brain Syndrome 17 yes 2 M No comple											MPLETION OF CAUSE DEATH?			
W W	Arteriolosclerot		Disease									1[YES 2 NO		
PHYSICIAN: MEDICAL	Padgett's Diseas	0													
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	neck only one)					
SIC	1 ☐ YES 2 🏋 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER 4 Nun		5 🗆 R	esidence	8 🗆 Other	(Specify)					
Ŧ	27. MANNER OF DEATH	28e. DATE O		28b. Til	AE OF	28c. INJU	JRY AT		28d. DESCRIBE HOW INJURY OCCURED						
	1 M Netural 5 Pending		(Month, Day, Year) INJURY WORK? M 1 YES 2 NO												
BY	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office									281, LOCATION (Street and Number or Rural Route Number,					
岜	4 Homicide determined	Duitding	, etc. (Specify)						City o	r Town, State)					
COMPLETED	290. CERTIFIER														
MP	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) and menner es stated.														
8	MEDICAL EXAMINEN: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner se stated.														
BE	296. SIGNATURE AND TITLE OF CERTIFIED 29d. OATE SIGNEO (Month, Day, Year)														
10	Merry / Phillip n 1 MD 25622 9-11-91														
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	JSE OF DEATH (ITE	M 27) (Typ	s, Print)								/		

Perry Point, MD

DHMH-16 Rev 1/89

BALTIMORE, MAR LAND 21215-0020	retained by the section or attending phy 5 should be detached for use as the bur	notified at once.
	24 hours after death. Page 6 may be filled in by the funeral director, page 5	tion, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in managing or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It liam 28 is marked, or liam 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	. 6	3

	REGISTRAR			ERIIF	ICAI	E OF	DEA	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	GARET	ET A. TILGHMAN						2. DATE OF DEATH DAY YEAR SEPT. 11,1991			TIME OF DEATH		
œ	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs		lest birthday)		R 1 YEAR	IF UNDER			DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign	
	214-30-4883	1 🗆 M 2XXF	87	YRS. MONTHS DA			HOURS	MIN.	APR	. 24 . 1	904	NEW	JERSEY	
	Se. FACILITY NAME (If not institution, give			9b, CITY	, TOWN	OR LOCATI	ON OF DE				ITY OF DEA			
	JIMTON MEMORIT		-	Dar	m T > 4 6	20.00	0.7.07		24. 6.26					
2	UNION MEMORIAL HOSPITAL BALTIMORE, CITY RESIDENCE OF DECEMENT													
8													Dd. INSIDE CITY	
DIRECTOR		BALTIMOR	E	CATONSVILLE							YES Y NO			
FUNERAL	100. STREET AND NUMBER 701 MAIDEN	LANE	2			101. ZIP CODE 21228						A .		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S.	13.	13. WAS DECENDENT OF HISPANIC If yes, sheelfy Cuban, Mexicon, I 1 YES 2 NO Specify:			n, Puerto F	C ORIGIN? (Specify Yee or No— 14. Puerto Rican, etc.)			American Indian, White, atc.		
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY												WIIII	
1	(Specify only highest grad		16a,	(Give kind of	work done	during mo	ON oat of world	ng	16b.	KIND OF BU	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12) 12	+)	(Give kind of work done duri life. Do NOT use retired.) DEPTMENT					R	ETAII	BUS	SINES	SS		
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI					ME (First, A	Aiddle, Maiden	Surname)			
	RAYMOND ACKER	MAN					MA	RGAT	THE T	RAMSE	Ϋ́			
H	19e. INFORMANT'S NAME (Type/Print)	KITAIN		405 MAII IN	A ADDRES	P /Chanat				er. City or Tow		Codel		
5	MR. C.T.LEVER	RING											21204	
	20s. METHO OF DISPOSITION											•		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	OKDI	314 111			ND ADDRE							
	William K. Parce TIL HENRY W. JENKINS AND SONS. BALTO, MI													
NO	immediate cause (Final disease or condition resulting in death) a. Anaplastic Leukemia Due to (or as a consequence of):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
빙	The Cold of the Co	d.												
EDICAL	PART II. Other aignificant condition	not resulting in the underlying cause given in i					Part i. 24a. WAS AN AUTOPSY PERFORMED?				PERE AUTOPSY FINDINGS			
5							400	1 YES 2 NO			COMPLETION OF CAUSE			
									_			F DEATH?		
Σ	1 YES											☐ YES 2 ☐ NO		
Z														
ठ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	neck only or	NO)		-		
S	1 TES 2 NO	1 inpatient 2	☐ ER/Outpatient	3 DOA			me 8 🗆 F	tesidence	8 🗆 Othe	r (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 8 Pending	F INJURY Day, Year)	28b, TIME OF INJURY AT WORK? M 1 YES 2 N				□ NO	28d. DESCRIBE HOW INJURY OCCURED						
ED BY	2 Accident Investigation 3 Suicide & Could not be 4 Homicide determined	At home, farm, street, factory, office			281. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.													
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)													
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	Union Memorial to spital, University Pkny, Bultimar, MD													
	31. DATE FILEO (MORTH, Day, Year) SEP 16 1991 Julia Davidson-Randolle													
	-144													

burial-transit permit. Pages 1, 2, 3 should

gui	the	
tend	35	
f at	uSe	
12	Ď	
Spi	hed	
P P	etac	
=	e d	
5	q p	
ine	hou	
ret	5	
2	900	
тау	f, p	
9	octo	
230	ğ	
7	eral	
Jeat	Ę	
Jer (the	Na.
af	6	Эше
OUR	=	70
4 17	Filled	'n,
in 2	Ply I	natio
Mith	plet	геп
pa	EO.	a,
9cut	b	Pur
600	2	2
e De	sicia	nor
icat	Phy	e p
ertil	Bu	gie
Q U	end	£
deal	att	BHT
the	the	×
Jat	9	anc
l si	Juec	alth
Zin.	1 Sig	운
Je J	beer	0
SW.	as	Depl
The	te h	ate
S.	ifica	S
000	cert	#
Ť	Pis	MIT
6	er 1	the same
NO.	A	9
TEN	TOR	after
A All	PEC.	5
0	0	P
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attem	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
Sp	INE	thin
EE	1	W
王	H	flex
2	2	8

FORCES: IF YES, G NT'S EDUCATION Pest grade completed) College (1-4 Last) WINS City RVICE LICENSEE Seea, or complication failure. List only on	e. AGE or) HOME CEDENT EVER II CEDENT EVER II OF 1	IN U.S. ARMED 2 NO DATES 16s. DECEDI (Give ki life. Do Co	PENT'S USUAL India of work don NOT use retired OOK Alling Accrete Dispery or other piece on Fig. 2	ITY, TOWN OF A LITE OF THE PROPERTY OF THE PRO	ITION DITE I. ZIP CODE 21216 CENDENT OF NI SECOND SI III. MOTNER III. MOTNER III. MOTNER STEE AV STEE STEE AV STEE STEE AV STEE	SPANIC OO SICON, Puncelly: B NAME (I) LUC LUCAL Route C. CT. Hei	PRIGIN? (Specify parts Ricen, stc.) 18b. KIND OF E FOOD First, Middle, Maid Y WOOD Number, City or 1 Balto DATE 20c. ns G	susiness/inc Serv: bwn, State, Zic Location — arris ck C	Country Vir NTY OF DISTRY USA 14. RACE Bleck Speech DUSTRY i Ce City or To SOn JOBALT	Ind. INSIDE CITY X LIMITS? I'X YES 2 NO WHAT COUNTRY? E.—American Indian, t, White, atc. P. Black 21216 wn, Stete Maryland ones F.H.							
I M 2 Con, give street and number Nursing I ENT COUNTY Le Avenue 12. Was occupied 12. Was occupied 12. Was occupied 12. Was occupied 12. Was occupied 14. Was occupied 14. College (1-4	e. AGE or) HOME CEDENT EVER II CEDENT EVER II OF 1	IN U.S. ARMED 2 NO DATES 16a. DECED IN IND. DO 1 19b. MA 3 4 b. PLACE AND matery, cramsto a T T 1. S	PENT'S USUAL India of work don NOT use retired OOK Alling Accrete Dispery or other piece on Fig. 2	ITY, TOWN CALL TIME A LITY TOWN CALL TIME N OR LOCATE 101 101 102 103. WAS DEC. IT yes, application of the during model of the during model of the during model.	HOURS MIND HOURS MIND	SPANIC O DIXION, PURPLE IN THE I	FIGIN? (Specify serior Ricen, etc.) 18b. KIND OF E FOOD First, Middle, Meld Y WOOD Number, City or 1 Balto DATE 20c. ns G Y Derri ghts A	susiness/inc Serv: bwn, State, Zic Location — arris ck C	Country Vir NTY OF DISTRY USA 14. RACE Bleck Speech DUSTRY i Ce City or To SOn JOBALT	PLACE (State or Foreign y) 'ginia EATH 10d. INSIDE CITY X LIMITS? IX YES 2							
Icon, give street and number Nursing In Incomment Incomm	CEDENT EVER II TO TO THE COMMENT OF	IN U.S. ARMED 2 NO DATES 15a. DECEDI (Give N Mis. Do C 19b. MA 3 4 b. PLACE AND matery, cramato a rrl S	DENT'S USUAL AILING ADDRESS ON F.C. CATY, TOWN Ball	N OR LOCATE THE PROPERTY OF TH	INOTE ITION OTE I. ZIP CODE 21216 21216 21XNO S I. ZINO S I. ZINO S I. ZINO S I. ZINO S I. ZINO S I. ZINO S I. ZINO S I. ZINO S I. ZINO S I. ZINO S I. ZINO S I. ZINO S I. MOTNER II MOTNER I. MOTNER II MOTNER	SPANIC OO DOOR ON THE PROPERTY OF THE PROPERTY	PRIGIN? (Specify parts Ricen, stc.) 18b. KIND OF E FOOD First, Middle, Maid Y WOOD Number, City or 1 Balto DATE 20c. ns G	Servinen Surname) bwn, Stete, Zigo Location — Location	USA 14. RACE Black Spech Code) 1. City or To	10d. INSIDE CITY X LIMITS? 1 MY YES 2 NO WHAT COUNTRY? E.—American Indian, White, atc. Priv. Black 21216 wn, Stete Maryland Does F.H. 20., Md.1							
Last) Removal trom Stacity Prince LICENSEE Bea, or complication failure. List only on	CEDENT EVER II 7 1 XYES GIVE WAR OR D 6 or 5+) sta 20t con GG	IN U.S. ARMED 2 NO DATES 15a. DECED (Give ki life. Do C 19b. M/ 3 4 b. PLACE AND matery, cramsto arris	Dec. CITY, TOWN Ball Dent's Usual lind of work don NOT use retired OOK Alling According to Alling According to The Polymor of Other place On F. C. 2	N OR LOCAT L'IMO 101 13. WAS DEC It yes, spr 1 YES COCCUPATIC Re during mod.) ESS (Street a Arlis Cost Individual Services Cost Individual Services	ITION DITE I. ZIP CODE 21216 CENDENT OF NI SECOND SI III. MOTNER III. MOTNER III. MOTNER STEE AV STEE STEE AV STEE STEE AV STEE	s NAME (H Luc ural Route e. era	18b. KIND OF E FOOD FOOD Number, City or 1 Balto DATE 20c. ns G Derri ghts A	Servinen Surname) bwn, State, Zico., Mc Location — Loc	USA 14. RACE Bleck Spech DUSTRY i Ce Code) d. City or To SON JOBALL	X LIMITS? 1 X YES 2 NO WHAT COUNTRY? A American Indian, White, atc. 21216 wm, State Maryland ones F.H. co., Md.1							
Last) WINS Removal trom Staticly Relictions of the complete comp	CEDENT EVEN IN 1 TO SIVE WAR OR D Sort Service was considered to the consistent course.	IN U.S. ARMED 2 NO DATES 15a. DECED (Give ki life. Do C 19b. M/ 3 4 b. PLACE AND matery, cramsto arris	Bal DENT'S USUAL Lind of work don NOT use retired OOK AlLING AOORE 14 Ca DATEOF DISP ON F C	13. WAS DEC. II yes, app. 1 YES COCCUPATION COCCUPA	DEPLOYER STATE OF AUTOMOTOR OT AUTOMOTOR OF	s NAME (H Luc ural Route e. era	18b. KIND OF E FOOD FOOD Number, City or 1 Balto DATE 20c. ns G Derri ghts A	Servinen Surname) bwn, State, Zico., Mc Location — Loc	USA 14. RACE Bleck Spech DUSTRY i Ce Code) d. City or To SON JOBALL	X LIMITS? 1 X YES 2 NO WHAT COUNTRY? A American Indian, White, atc. 21216 wm, State Maryland ones F.H. co., Md.1							
12. WAS OEC FORCES: IF YES, G NT'S EDUCATION Post grade completed) College (1-4 Last) WINS Print) Removal from Sta city) RVICE LICENSEE Sea, or complication failure. List only on	CEDENT EVEN IN 1 TO SIVE WAR OR D Sort Service was considered to the consistent course.	16a. Decebing (Give kind) 16b. MA 3 4 b. PLACE AND impelery, cremeted arris	DENT'S USUAL ind of work don NOT use retired OOK AlLING ACCRETION OF CONTROL	In the second of	21216 21216 21216 21216 21216 21216 22	s NAME (H Luc ural Route e. era	18b. KIND OF E FOOD FOOD Number, City or 1 Balto DATE 20c. ns G Derri ghts A	Servinen Surname) bwn, State, Zico., Mc Location — Loc	USA 14. RACE Bleck Spech DUSTRY i Ce Code) d. City or To SON JOBALL	21216 wn, State Maryland ones F.H.							
12. WAS OEC FORCES: IF YES, G NT'S EDUCATION Post grade completed) College (1-4 Last) WINS Print) Removal from Sta city) RVICE LICENSEE Sea, or complication failure. List only on	CEDENT EVEN IN 1 TO SIVE WAR OR D Sort Service was considered to the consistent course.	16a. Decebing (Give kind) 16b. MA 3 4 b. PLACE AND impelery, cremeted arris	DENT'S USUAL und of work dor NOT use retired OOK Alling AOORE 14 Ca DATEOF DISP- on FC	13. WAS DEC. It yes, sp. 1 YES OCCUPATION THE SESS (Street a STRILL'S STR	21216 ENDENT OF NI Selfy Cuben, Mi 2 (XNO S 18. MOTNER: 18. MOTNER: St Vet NO ADDRESS O Park	s NAME (H Luc ural Route e. era	18b. KIND OF E FOOD FOOD Number, City or 1 Balto DATE 20c. ns G Derri ghts A	Servinen Surname) bwn, State, Zico., Mc Location — Loc	USA 14. RACE Bleck Spech DUSTRY i Ce Code) d. City or To SON JOBALL	21216 wn, State Maryland ones F.H.							
12. WAS OEC FORCES: IF YES, G NT'S EDUCATION Post grade completed) College (1-4 Last) WINS Print) Removal from Sta city) RVICE LICENSEE Sea, or complication failure. List only on	CEDENT EVEN IN 1 TO SIVE WAR OR D Sort Service was considered to the consistent course.	16a. Decebing (Give kind) 16b. MA 3 4 b. PLACE AND impelery, cremeted arris	DENT'S USUAL und of work dor NOT use retired OOK Alling AOORE 14 Ca DATEOF DISP- on FC	It yes, spoil YES COCCUPATION Comparing model Comparing mod	DENDENT OF NI ecity Cuben, Mi is 2 (XNO S DN 18. MOTNER 18. MOTNER and Number or R SIE AV ame of ST Vet NO ADDRESS O Park	s NAME (H Luc ural Route e. era	18b. KIND OF E FOOD FOOD Number, City or 1 Balto DATE 20c. ns G Derri ghts A	Servion Sumame) Sound State Zigo Location — Carris Ck C	14. RACE Bleck Spech Dustry i Ce Code) City or To SON JOBALT	21216 wn, State Maryland ones F.H.							
FORCES: IF YES, G NT'S EDUCATION Pest grade completed) College (1-4 Last) WINS City RVICE LICENSEE Seea, or complication failure. List only on	? 1 XYES GIVE WAR OR D I or 5+) Ital Corr Grants Chet bouse	16a. Decebing (Give kind) 16b. MA 3 4 b. PLACE AND impelery, cremeted arris	DENT'S USUAL und of work dor NOT use retired OOK Alling AOORE 14 Ca DATEOF DISP- on FC	It yes, spoil YES COCCUPATION Comparing model Comparing mod	no Number or R sle Average st Vet No ADDRESS O	s NAME (H Luc ural Route e. era	18b. KIND OF E FOOD FOOD Number, City or 1 Balto DATE 20c. ns G Derri ghts A	Servion Sumame) Sound State Zigo Location — Carris Ck C	DUSTRY i Ce City or To SON JOBALL	21216 wn, State Maryland ones F.H.							
College (1-4 Last) WNS Print) Removal from Stacity) RVICE LICENSEE Sea, or complication failure. List only on	tte 20t con	19b. MA 3 4 b. PLACE APPLACE A	AILING AOORE 14 Ca DATE OF DISP- on F C	ESS (Street at ATT LIST COLUMN (No. COLUMN	16. MOTNER 16. MOTNER SIE AV SIE VET NO ADDRESS O	Luc ural Route e. era F FACILIT	Food First, Middle, Meid Y Wood Number, City or 1 Balto DATE 20c. ns G Y Derri ghts A	Servine Summer) bwn, State, Zig ., MC LOCATION — arris .ck C	ice City or To son Balt	Marylandones F.H.							
Last) WINS Print) Removal from Stately RVICE LICENSEE sea, or complication failure. List only on	tte 20t con	19b. MA 3 4 b. PLACE AND Immetery, cremeto arris	AILING AOORE 14 Ca DATE OF DISP ory or other plac On FC	ESS (Street a arlis rosition/Nacce) Drres 22. NAME AN	and Number or R sle Av ame of st Vet NO ADDRESS O	Luc ural Route e. era F FACILIT	First, Middle, Maid y Wood Number, City or 1 Balto DATE 20c. ns G T Derri ghts A	bwn, State, Zipo bwn, State,	city or To son . Jo Balt	Marylandones F.H.							
WINS	s thet ceuee	34 b. PLACE AND metery, crameto arris	DATE OF DISPORT OF CONFO	arlis Position/Na Colores Colores Recolores Re	and Number or R sle Av ame of st Vet NO ADDRESS O	Luc ural Route e. era F FACILIT	y Wood Number City or 1 Balto DATE 20c. ns G T Derri ghts A	bwn, State, Zip. ., Mo Location — Garris .ck C	d. City or Too SON Jo Balt	Marylandones F.H.							
Removal from Sta	s thet ceuee	34 b. PLACE AND metery, crameto arris	DATE OF DISPORT OF CONFO	arlis Position/Na Colores Colores Recolores Re	and Number or Risle Averagement St Vet NO ADDRESS O	e. era F FACILIT	Number, City or 1 Balto DATE 20c. ns G Derri ghts A	o., Mo Location — Jarris ck C	d. City or Too SON Jo Balt	Marylandones F.H.							
Removal from Sta	s thet ceuee	34 b. PLACE AND metery, crameto arris	DATE OF DISPORT OF CONFO	arlis Position/Na Colores Colores Recolores Re	sle Av	e. era FRACILIT	Baltons Cons Cons Cons Cons Cons Cons Cons C	ck C	d. City or Too SON Jo Balt	Marylandones F.H.							
RYICE LICENSEE Bea, or complication failure. List only on	s thet ceuee	b PLACE AND metery, cremete a rrl S	DATE OF DISP. ory or other place On FC	POSITION (Na Ce) Orres 22. NAME AN	st Vet ND ADDRESS O	era F FACILIT	ns G Derri ghts A	arris ck C	son . Jo Balt	Maryland ones F.H.							
RYICE LICENSEE Bea, or complication failure. List only on	G c	arris	on Fo	orres 22. NAME AP 1611	Park	F FACILIT Hei	Derri ghts A	ck C	. Jo Balt	ones F.H.							
sea, or complication failure. List only on	ns thet ceuee le cause on e	ed the death.	4	1611	Park	Hei	Derri ghts A	ve.	Balt	o., Md.1							
failure. List only on	ns thet ceuee le cause on e	ed the death.						21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave. Balto., Md.15									
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):																	
PERFORMED? AVAILAB COMPLE 1 YES 2 NO OF DEAT							. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO										
HOSPITA				IER:													
28e. DA	TE OF INJURY	28		28c. INJ WO	JURY AT ORK?	280		W INJURY OC	CURED								
id liot pe pri	M 1 YES 2 N 26s. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify)					t. LOCATION (Street, S	et and Number life)	r or Rural F	Route Number,								
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									he couse(a								
	DICAL HOSPITA 1 Inpetter ling stigetton d not be mined OF PNYSICIAN: To the best constitution on the best constitution of the best constitution	DICAL HOSPITAL: I Inpettent 2 EP/Ou 28e. DATE OF INJURY (Month. Dey. Veer) Ingettigetion d not be mined 28e. PLACE OF INJURY building, etc. (Sp. CERTIFIER	DICAL HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — At home, building, etc. (Specify) HG PNYSICIAN: To the best of my knowledge, death EXAMINER: On the basie of exemination end/or inventional control of the basis of exemination end/or inventional control of the basis of exemination end/or inventional control of the basis of exemination end/or inventional control of the basis of exemination end/or inventional control of the basis of exemination end/or inventional control of the basis of exemination end/or inventional control of the basis of exemination end/or inventional control of the basis of exemination end/or inventional control of the basis of exemination end/or inventional control of the basis of exemination end/or inventional control of exemination end/or inventinal control of exemination end/or inventional control of exeminat	DICAL HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Emiliary 1 Inpatient 2 ER/Outpatient 3 DOA Emiliary 1 Inpatient 2 ER/Outpatient 3 DOA Emiliary 1 Inpatient 2 ER/Outpatient 3 DOA Emiliary 1 Inpatient 2 ER/Outpatient 3 DOA Emiliary 1 Inpatient 2 ER/Outpatient 3 DOA Emiliary 1 Inpatient 2 ER/Outpatient 3 DOA Emiliary 1 Inpatient 2 ER/Outpatient 3 DOA Emiliary 1 Inpatient 2 ER/Outpatient 3 DOA Emiliary 1 Inpatient 2 ER/Outpatient 3 DOA Emiliary 1 Inpatien	DICAL HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Investigation Ingetigation I	DICAL HOSPITAL: Inpetient 2	DICAL HOSPITAL: 1 Inpettent 2 ER/Outpattent 3 DOA 4 Wursing Home 5 Residence 6 28e. DATE OF INJURY 28b. TIME OF INJURY AT WORK? Ingettent 2 ER/Outpattent 3 DOA 4 Wursing Home 5 Residence 6 28e. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 26e. PLACE OF INJURY — At home, farm, street, tactory, office 28 28e. DATE OF INJURY — At home, farm, street, tactory, office 28 29e. LICENSE NUMBER 29e. LICENSE NUMBER	DICAL HOSPITAL: 1 Inpettent 2 ER/Outpattent 3 DOA 4 Wursing Home 5 Residence 6 Other (Specify) Ingetting tigetion d not be mined 28e. DATE OF INJURY 28b. TIME OF INJURY 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. DATE OF INJURY AT WORK? 1 YES 2 NO 28c. DATE OF INJURY AT WORK? 1 YES 2 NO 28c. DATE OF INJURY AT WORK? 1 YES 2 NO 28c. DATE OF INJURY AT WORK? 1 YES 2 NO 28c. DATE OF INJURY AT WORK? 26e. PLACE OF INJURY At home, farm, street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF TOWN, Street, and tactory of Town, Street, tactory, office 28c. DATE OF TOWN, Street, and tactory of Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF TOWN, Street, and tactory of Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office 28c. DATE OF Town, Street, tactory, office	DICAL HOSPITAL: 1 Inpettent 2 ER/Outpattent 3 DOA 4 Mursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28d. DATE OF INJ	DICAL HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 28e. DATE OF INJURY 28b. TIME OF INJURY 1 YES 2 NO 28e. PLACE OF INJURY 28b. TIME OF INJURY 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 28d. OESCRIBE HOW INJURY OCCURED 28d. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY At home, farm, street, tactory, office 28t. LOCATION (Street and Number or Rural F City or Town, State) 4d Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atsted. EXAMINER: On the basic of axemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) 29c. LICENSE NUMBER 29d. DATE SIGNED 4 1 1 1 1 1 1 1 1 1							

621

ELECT. IL

)	es 1, 2, 3 should	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HE		NTAL HYGIENE	:			
	1. DECEOENT'S NAME (First, Middle, Last)				1	DATE OF DEATH	Y YE.	3. TIME OF DEATH		
	FILIP TOBUSZEN	KO (Pyly	yp Towbi			9 14	91	M		
	219-30-7738 ±	□ M 2 □ F	92 vrs.	NONTHE DAYS	HOURS MIN.	Month, Day, Yoar) 12-10-189	8	Country) UKTAINE		
æ	9a. FACILITY NAME (If not institution, give street a	· ·			LOCATION OF DEAT		9c. COUNTY	OF DEATH		
밁	CHURCH HOSPITAL	CORPORAT			IMORE C	[TY]				
DIRECTOR	Maryland 106, COUNTY			imore Ci				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		Dait		TIP COOE		10g. CITIZEN	1 □X YES 2 □ NO OF WHAT COUNTRY?		
IER,	2230 Cambridge Str	eet		2	1231		Ukra	aine		
BY FUNERAL	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XX	If yes, spec	NDENT OF HISPANIC Ify Cuban, Maxican, I	IISPANIC ORIGIN? (Specify Yea or No— laxican, Puarlo Rican, etc.) Specify: White				
ED	15. DECEOENT'S EDUCATIO (Specify only highest grade comp	ON pleted)	18a. DECEDENT'S U	SUAL OCCUPATION		16b, KIND OF BUSI	INESS/INOUST	RY		
COMPLETED	Elementary/Secondary (0-12) Coffege (1-4 or 5+) life. Do NOT use refired.)					Sparrow Point- Air Reduction				
BE CO	17. FATHER'S NAME (First, Middle, Last) Kyrylo Towbushenko 18. Mother's NAME (First, Middle, Malden Surname) Lukia Sawchenko									
TO B	19a, INFORMANT'S NAME (Type/Print) Dmytro Schevchenko					Balto.,				
	20r/ METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	Irom State 20b.	PLACE AND DATE OF	DISPOSITION (Name of Participation)	eol ry 9/17/	DATE 200. LOC /91 Balt	cation — chy			
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	EE		DO NAME AND	ADDRESS OF FACE					
	23. PART i. Enter the diseeses, or companions, or heart fellure. List	pilcations that caused	the deeth. Do no	enter the mode	e of dying, auch a	a cerdiec or reepir	atory arrest,	Approximete interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) e. SEPSIS									
_	URINARY TRACT INFECTION									
ATIO	Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	:						
	PART II. Other aignificent conditions co	ontributing to death by	it not resulting in	the underlying	cause chuse le Re	rt I. 24a, WAS AN A	LUTOBOY I	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL					oods given iii v	PERFORM 1 YES 2	MEO?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES (D) NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL A	CE OF DEATH (Check	only one)		\		
SIC	EXAMINER?	OSPITAL:		OTHER:	5 Residence 6					
ву рну	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c. INJUI	RY AT 2	6d. OESCRIBE HOW IN	JURY OCCURE	ED		
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Speci	— Al home, lerm, str	reet, factory, offica	2	Bf. LOCATION (Street ar City or Town, State)	nd Number or R	tural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DESCRIPTION	/ 1						use(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1	~		29c. LICENSE NUMBE	?83	29d. DATE SIG	GNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETEO CAUSE OF DEA	ATH (ITEM 27) (Type, I	Sa Itu	-Ars . (n2 7	731	-11 -1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	widson-Rang		2011	- 6	1000			
	9/14/94 16 19	BI guna Da	widson-you	مالالم						

91 2003

A or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law report TO THE FLINERAL DIRECTORS. After this certificate has been filed within 72 hours after death with the State Dept. or report IMPORTANT; If Item 28 is marked, or item 23 shown any

REGISTRAR 1. DECEDENT'S NAME (First, MI	della 1+1		0				1	TE OF DEATH		1	. THE OF
Rose Pauline	Wrie	ght	820	SE	W	1R19H			DAY 4	199	3. TIME OF DEATH
i. social security number 212 14 8513		5. SEX 1 M 2 DCF	6. AGE (In yrs	s. last birthday) 7 YRS.		YEAR IF UNDER 24 HR DAYS HOURS MIR	7. DA	TE OF BIRTH	191	a. BIRTH	PLACE (State or Foreign Tryland
De. FACILITY NAME (If not institu	ution, give at	reet and number)			9b. CITY, 1	TOWN OR LOCATION O	F OEATH		9c. COU	NTY OF O	EATH
Franklin So	. Hos	pital			Re	ossville			Balt	imore	County
RESIDENCE OF DECEI	DENT b. COUNTY			10c. Cl	TY, TOWN OR	LOCATION					10d. INSIDE CITY
Md.	Pal	Ltimore			ssex						LIMITS? 1 YES 2 NO
100. STREET AND NUMBER	££-7	Court				10f. ZIP CODE 212	227		10g. CIT	USA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Ma X Widowed 4 Divorce	rried	12. WAS DECEDENT EVER IN U.S. ARI			lf :	AS DECENDENT OF HIS yea, specify Cuban, Ma U YES 2 NO Sp	SPANIC ORI		es or No—	14. RACE	- American Indian, t, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				(Give kind of work done during most of working life. Do NOT use retired.) Housewife				ome	OUSTRY		
	Benve	engi				San	ta V	st, Middle, Meide iola	?	8.4	
Paul D. We	,	Nephew		196. MAILIN 16	Bell	Street and Number or R	y Ba	lumber, City or To	e, Md	. 21	236
20a. METHOD OF DISPOSITION Buriel 2		oval from State				sition (Name		,	ocation - Balti		
21. SIGNATURE OF FUNERAL S											
23. PÁRT I. Enter the dise	eses, or o	uglge	et ceused th	e death. Do	Bru 140	AME AND ADDRESS O Zdzinski 7 Fastern he mode of dying,	Funer Ave.	al Hom Balt	imore		Approximate interval Between
23. PART I. Enter the dise ehock, or hee iMMEDIATE CAUSE (Finel disease or condition resulting in death)	reses, or cort fallure.	Emplications the	et ceused th	2ls	Bru 140	zdzinski 7 Eastern	Funer Ave.	al Hom Balt	imore		Approximate interval Between
23. PART I. Enter the dise ehock, or hee IMMEDIATE CAUSE (Finel disease or condition	reses, or cort failure. I	DUE TO	et ceused the	PLSY PASEQUENCE O	not enter t	zdzinski 7 Eastern	Funer Ave.	al Hom Balt	imore		
23. PART I. Enter the dise ehock, or hee ehock, or hee iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet condition if any, leeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	neses, or cort failure. I	DUE TO	of coused the use on each of the coused the use on each of the coused the cou	ONSEQUENCE O	of: OF):	zdzinski 7 Eastern he mode of dying, 2 C	Ave. Ave. Such sec	Pal Hom Balt Derdiec or res /// // // // // // // // // // // //	imore piratory er May May MA AUTOPSY DRMED?	1 S S	Approximate interval Betwee Onset and Des
23. PART I. Enter the dise shock, or hee hock, or hee iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent EXAMINER?	condition	DUE TO DUE TO OUE TO C. OUE TO DUE TO	o (or As a co	ONSEQUENCE ONSEQUENCE ON	OF): OTHER	zdzinski 7 Eastern he mode of dying, 20 Company derlying ceuse gives	Funer Ave. such se d Cl (C) C) Cl (Cl (Cl (Cl (C) C) Cl (Cl (Pal Hom Balt Cerdiec or res 1	imore piratory er May May MA AUTOPSY DRMED?	1 S S	Approximate interval Betwee Onset and Dei On
23. PART I. Enter the dise shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or he shock,	condition	DUE TO DU	of ceused the use on each of the use on each of the use on each of the use of	ONSEQUENCE OF THE PROPERTY OF	OF): OF): OF): OTHER A DIME OF	Zdzinski Z Eastern he mode of dying, Zdzinski Zestern he mode of dying, Zdzinski	Funer Ave. such se d Cl (C) C) Cl (Cl (Cl (C) C) Cl (Cl (Pal Hom Balt Cerdiec or res 1	imore piratory er May MAUTOPSY PORMED?	246	Approximate interval Betwee Onset and Dei On
23. PART I. Enter the dise ehock, or he ehock, or he ehock, or	condition	DUE TO DU	of ceused the use on each of the use on each of the use on each of the use of	ONSEQUENCE ONSEQUENCE ON SEQUENCE ON SEQUENCE OF THE PROPERTY	OF): OF): OTHER A Nursi	Zdzinski Z Eastern The mode of dying, Reliable Zdzinski Z Eastern The mode of dying, Reliable Zdzinski	Ave such se d	Balt Derdiec or res A Cal A	imore piratory er May MALITOPSY ORMED?	24b	Approximate interval Betwee Onset and Decons
23. PART I. Enter the dise ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or hee ehock, or he	condition	DUE TO DUE TO	of ceused the use on each of the use on each of the use on each of the use of	ONSEQUENCE ONSEQUENCE ONSEQUENCE ON SEQUENCE ON SEQUENCE OF SEQUEN	OF): OF): OTHER A Nursi	Zdzinski Z Eastern The mode of dying, Reliable Zdzinski Z Eastern The mode of dying, Reliable Zdzinski	Ave. Such section Control Check on Inca 6 1 286.	Pal Hom Balt Cerdiec or res /// // // / / / / / / / / / / / / /	imore piratory er Mas Mas Mas Mas Mas Mas Mas Ma	24b	Approximate interval Betwee Onset and Decons
23. PART I. Enter the dise shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or he	condition MEDICAL Condition MEDICAL MEDICAL MEDICAL MINING PHYSI	DUE TO DU	of my knowledge	ONSEQUENCE ONSEQUENCE ON SEQUENCE ON SEQUENCE OF SEQUE	OF): OF):	Zdzinski Z Eastern he mode of dying, R C C C C C C C C C C C C C C C C C C C	Funer Ave. such se d (Check on none 6 1 28d.)	Balt Cerdiec or res A C C A C A C C A C	I more piratory er Manager and	24b	Approximate interval Betwee Onset and Decons
23. PART I. Enter the dise shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or hee shock, or he	condition MEDICAL MEDICAL MINE MEDICAL MEDI	DUE TO DU	of my knowledge	ONSEQUENCE ONSEQUENCE ON SEQUENCE ON SEQUENCE OF SEQUE	OF): OF):	Zdzinski Z Eastern he mode of dying, R C C C C C C C C C C C C C C C C C C C	Ave such as of the su	Balt Cerdiec or res A C C A C A C C A C	I MOTE piratory er MANAUTOPSY ORMED? SANO VINJURY OC Hanner as sta	24b	Approximate interval Betwee Onset and Dei On

01 THE

i surei i i i i i i

un un gestine un gestine un

BALTIMORE, MARYLAND 21215-0020

	9	1	-	5	2	7	8	-	5	1	0
1		OF									

STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFICATE	0	F DEAT	TH .		REG.	NO.

	REGISTRAR		CERTI	FICATE (OF DEATH	B	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARIE			WARD		2. DATE OF MONTH	DAY	YEAR 991	3. TIME OF DEATH 12:45 pm	
	4. SOCIAL SECURITY NUMBER 115-10-7276-A		79 YRS.		AR IF UNDER 24 HRS.	7. DATE OF E	BIRTH	8. BIRTHI	PLACE (Stere or Foreign	
OR	99. FACILITY NAME (N not institution, give s 1701 EUTAW PLA			000	WN OR LOCATION OF E	DEATH		Itimo	ATH	
2	RESIDENCE OF DECEDENT							and more out		
L DIR		timore		Baltimo	re				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL DIRECTOR	1701 Eutaw Place			101. ZIP CODE 21217			US	USA		
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 NO	If ye	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2 NO Spec	en, Puerto Ricar	pecify Yee or No-	14. RACE Black, Specif	- American Indien, y.Black	
COMPLETED	(Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				16b. KIN	ID OF BUSINESS/IN	DUSTRY		
린	and the state of t	Seam					Sewing			
BE CO	17. FATHER'S NAME (First, Middle, Last) Richard Herbe	rt			18. MOTHER'S NAME (First, Middle, Melden Surname) Ella Rose					
TO B	190. INFORMANT'S NAME (Type/Print) James H. Contee 231				on Ave. B	Route Number, Caltimor	City or Town, State, Zi	(p Code)		
	20a_METHOD OF DISPOSITION 1 [A Burlal 2 Crametton 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, or other place) Arbutus Memorial Park 9/16 Baltimore, Md.									
	21. MIGNATURE OF FURRELL SERVICE DELLE WILLIAM C. Brown Community Fune 1206-08 W. North Ave. Baltimore									
	23. PARK Littler the diseases, Dr	complications that ca	used the death. Do				-		Approximate	
	IMMEDIATE CAUSE (Final disease or condition	a. ARTERIOS	on each line.	C CARI					Interval Batween Onset and Daath	
CERTIFICATION	Sequentially list conditions, If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERTIF	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): reculting in death) LAST									
	PART II. Other significant condition	s contributing to dee	th but not reaulting	In the under	iying ceuse given ir	Part I. 24	. WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS	
MEDICAL				1 N				AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
Sici	EXAMINER?	HOSPITAL:	Outpetlant 2 DOA	OTHER:	6. PLACE OF DEATH (C					
PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJU	IRY 28b. TI	ME OF 280	Home 5 X Reeldence INJURY AT WORK? YES 2 NO	_	BE HOW INJURY OF	CURED		
ED BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF IN. building, atc.	JURY — At home, farm, (Specify)			281. LOCATIO City or To	N (Street end Numbe wn, State)	or or Rural Ro	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE	CIAN: To the best of my in the control of the best of examination of the control								
	29b. ŞIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				1000	
TO BE		ight MD	F DEATH (ITEM 27) /S-	Print)		M E			(Month, Day, Year) - 1991	
	DONALD G. WRI				N STREET	BALT	IMORE, M	IARYI	AND 21201	
	31. PATE SHED (MORN, Day, Year) SEP 16 1991	32. REGISTRAR'S:	SIGNATURE							
الـــــا			•							

CTONT IN

6 6

44 × 33

×

12-11

3		-
		è
-		matthe
0		9
1.000		the second
200	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	o diani
3	, 00	-
	ation	40
-	Сгет	-
	bunial	affa a
	9	Ē
	prior	1
	Нудіеле	office of
-	Mental	Second of
5	pur	-
2	ealth :	-
5	O H	4
2	Dept.	000
- America	State	160
5	the	-
200	with	Sec.
10110	death	1

						91	24976			
	1 - FOR STATE OF MARYLA					_				
	1. DECEDENT'S NAME (First, Middle, Last)		ICATE OF		REG. NO 2. DATE OF DEATH		3. TIME OF DEATH			
	Thomas Whitson		mas Wats	on	MONTH 0	13 9	1 0521 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 -27-		BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATH			
TOR	PRESIDENCE OF DECEDENT HOSATEL		Dattin	we						
DIRECTOR	10a. STATE 10b. COUNTY		y, town on Locat				10d. INSIDE CITY LIMITS?			
	Md 100. STREET AND NUMBER			ZIP CODE		10g. CITIZEN	★☆ YES 2 NO			
FUNERAL	1045 West Lanvale Street			21217 U.S.A.						
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 VES 3 Widowed 4 Divorced	XXNO	13. WAS DEC If yes, spe 1 YES	ENDENT OF HISPAN Holly Cuban, Maxican 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	RACE — American Indian, Black, White, atc. Specify: Black				
日日	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					SINESS/INDUST	TRY			
PLE	Elementary/Secondary (0-12) 6th Grade College (1-4 or 5+) Chemical Mixer					and G1	ass Co.			
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, A					Sumame)	-1 t-c			
BE	Dennis Watson 19a. INFORMANT'S NAME (Type/Print)	T 405 M 4H 1H	4000500 (Ov	Roberta			rling			
2	19b. INFORMANT'S NAME (Nype/Print) 19b. MAILING ADORESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) 2508 Wildpark Avenue/Parkville, Md. 21234									
			of Disposition (Na ther place) Tumph	Bapt. Ch.	Cem. Ch	atham,				
	21. SIGNATURE OF FUNEBAL SERVICE LICENTEE ALVEN L. William	6		MARCH F	.н. 1101 Е	. NORT	21202 H AVENUE			
	23. PART I. Enter the diseases, or complications that caused shock, or heart fellurs. List only one cause on ask IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A)	ch lina. When	MATT	da of dying, such	h aa cardiac or rasp	iratory arreat	, Approximate Interval Batween Oneat and Death			
NO	Sequentially list conditions,	1 fail	lure							
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		12 2	764						
TIFI	that initiated events resulting in death) LAST			/						
E E	d. //www			regular						
Z Z	PART II. Other algorificant conditions contributing to death bu	it not rasuiting	In the underlying	cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL					1 TYES	NO	OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Mediant 2 ER/Outpe	# a [] 00s	OTHER:	ACE OF DEATH (Chi						
HYS	27. MANNER OF GEATH 28a. DATE OF INJURY	28b. TIM	E OF 28c. INJ	JRY AT	8 Other (Specify) 25d. DE\$CRIBE HOW	INJURY OCCUR	ED			
BY F	1 Neturel 5 Pending (Month, Dey, Year) 2 Accident Investigation		M 1 🗆 1	RK? 'ES 2 NO						
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY building, etc. (Specific Sp	— At home, ferm,	street, factory, offici		251. LOCATION (Street City or Town, State		Rurel Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basic of examination						suse(a) and manner sa stated.			
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	MBER	29d. DATE SI	GNED (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH /ITEM 273 /X	Print)			9/	13/91			
	L Siesel	(i.e.m et) (iype	,							
	21 CATE DE ENTENDE DE CHESTE A PROPERTO CATE				·					

Juli San Con Mandall

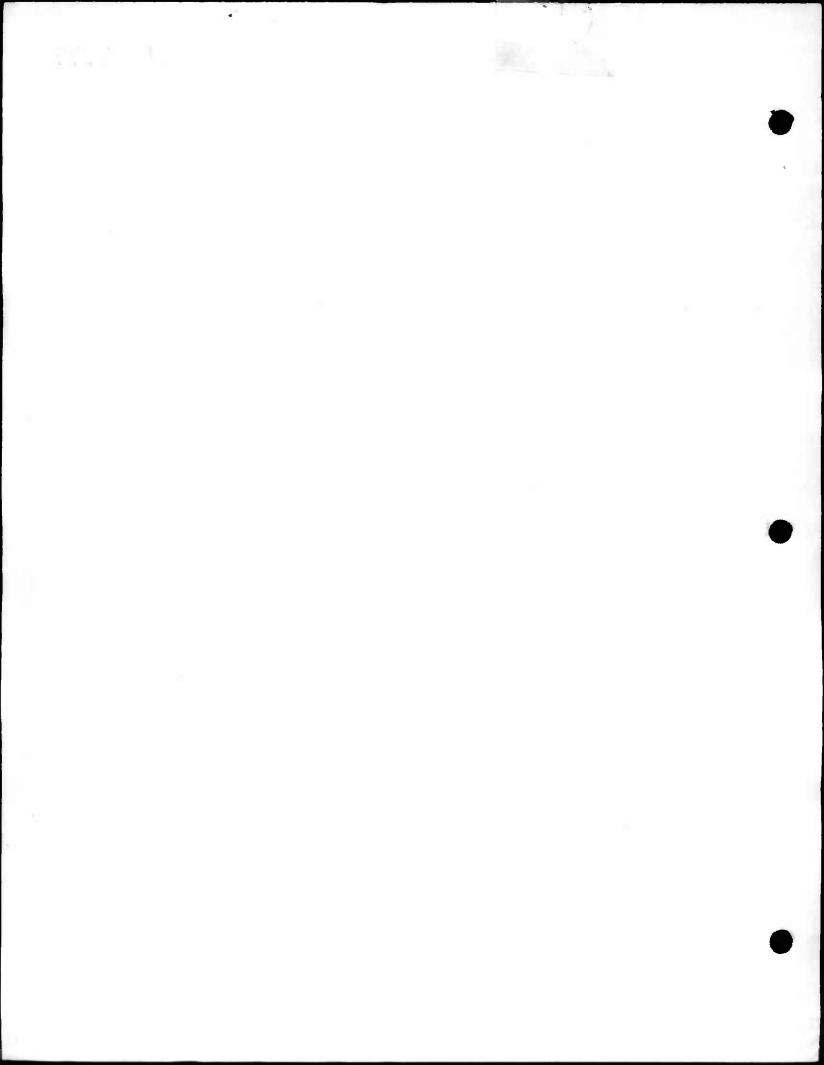
31. SE PEO 100 01991

1.

۵.	
	40. 40. 40.
RECORDS,	
Œ	
Ö	
\mathbf{g}	
W	
_	
VITAL	
>	
LL.	
OF	ı
5	
\subseteq	
S	
DIVISION	
=	

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)	LOUISA WADE	2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Last)			ENTIF	ICATE	F DEAT		REG. NO		-	3. TIME OF DEATH	
	FRANCES	Low	UISI	4	4)	ADE		MONTH D	3	354	12 14 A	
	4. SOCIAL SECURITY NUMBER	6. SEX 6.	AGE (In yrs.	lest birthday)	IF UNDER 1 YE			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI- Count	IPLACE (State or Foreign	
	215-01-6083	1 [X] M 2 □ F	100	YRS.	MONTHS DAY	YS HOURS	MIN.	Vov. 13, 1	890		yland	
	9e. FACILITY NAME (If not institution, give				9b. CITY, TOV	WN OR LOCATIO	N OF DEAT	гн		NTY OF D	EATH	
DIRECTOR	Good Samarit	an Hospita	1		Balt	imore		N/A				
គ្ន	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LO	OCATION		<u>.</u>	10d. INSIDE CITY			
E	MD	N/A	\	- Ba	1timore			LIMITS 1 X YES				
- 1	10a. STREET AND NUMBER					101. ZIP CODE			10g. CITI	IZEN OF Y	WHAT COUNTRY?	
EB/	6401 Loch Raven	Blvd. An	+ 41	8		21	239		USA	4		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S.	ARMED		DECENDENT OF	F HISPANIC	ORIGIN? (Specify Yes	14. RACI	- American Indian,		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [NO		YES 2 NO		Puarto Rican, atc.)			white, etc. White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		16a,	DECEDENT'S	USUAL OCCUP	PATION a most of working	7	16b. KIND OF BU	SINESS/IND	DUSTRY	-	
	Elementery/Secondary (0-12)	College (1-4 or 5+)				g most of working	,		2			
	8 years -		H	omema!	ker			own	home	5		
	17. FATHER'S NAME (First, Middle, Last)							E (First, Middle, Maiden	Sumame)			
H H	Franz Sauter						Unkno					
힏	Harold J. Wade							ute Number, City or Tox				
	200. METHOD OF DISPOSITION							lliamsbur			3185	
	1 Burial 2 Cremation 3 Ren	noval from State	other	place)		of cematery, crem			CATION —		,	
ı	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	ICENSEE.	MOS	C HOL		emer Ce			1timo	re,	MD	
	· Cori L.	Chaus	al .		Joh	nson Fi	unera		Balti:	more	, MD 21204	
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	b. 9	R AS A CONS	un		Gen	t	Dis	for	ct	,	
ERTIFICATI	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	R AS A CONS	SEOUENCE C								
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c			PF):	lying ceuse g	lven in P	art I. 24a. WAS AP		248	WERE AUTOPSY FINDING	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c			PF):	tying ceuse g	lven in P		RMED?	248	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions to the conditions of the cause of th	c			In the under	lying ceuse g		1 TYES	RMED?	244	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	eeth but no	t resulting	In the under	8. PLACE OF DI	EATH (Chec sidence 8	PERFO 1 YES: k only one) Other (Specify)	RMED? 2 ★ NO		AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions to the conditions of the cause of th	DUE TO (OF d	eeth but no	3 □ DOA	In the under OTHER: Number ME OF 28c JURY M 1	8. PLACE OF DI Home 5 Re INJURY AT WORK? YES 2	EATH (Chec sidence 8	PERFO 1 YES :	RMED? 2 ★ NO		AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?	
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OF d	ER/Outpetlent JURY Year)	3 □ DOA	In the under OTHER: Number ME OF 28c JURY M 1	8. PLACE OF DI Home 5 Re INJURY AT WORK? YES 2	EATH (Chec sidence 8	PERFO 1 YES: k only one) Other (Specify)	RMED? 2 NO INJURY OC and Number	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OF d	ER/Outpatient JURY Year) INJURY — At c. (Specify)	3 DOA 29b. TII IN death occur	O7HER: Winding ME OF JURY M 1 street, factory,	8. PLACE OF DI Home 5 Re : INJURY AT WORK? YES 2 Office	EATH (Chec sidence 8	R only one) Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State) the cause(a) end ma	RMED? 2 NO INJURY OC and Number	or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OF d	ER/Outpatient JURY Year) INJURY — At c. (Specify)	3 DOA 29b. TII IN death occur	O7HER: Winding ME OF JURY M 1 street, factory,	8. PLACE OF DI Home 5 Ra 1. INJURY AT WORK? YES 2 offica data end place, on, death occur	EATH (Chec sidence 8	PERFO 1 YES : Norther (Specify) 284. LOCATION (Street City or Town, State o the cause(a) end ma me, data and place, a	INJURY OC and Numbe	or or Rurel	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OF d	ER/Outpatiant JURY Year) INJURY — At c. (Specify) ry knowledge, mination and/	3 DOA 28b. Till IN home, farm, death occur or investigati	OTHER: Numing ME OF 28c JURY M 1 street, factory,	8. PLACE OF DI Home 5 Ra 1. INJURY AT WORK? YES 2 offica data end place, on, death occur	EATH (Chece sidence 8	PERFO 1 YES : Norther (Specify) 284. LOCATION (Street City or Town, State o the cause(a) end ma me, data and place, a	INJURY OC and Numbe	or or Rurel	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, s) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OF d	ER/Outpatient JURY Year) INJURY — At c. (Specify) IN knowledge, mination and/	3 DOA 29b. TII IN death occur or investigeti TEM 27) (Typ	OTHER: OTHER: Unusing ME OF 28c JURY M 1 street, factory, red at the time, on, in my opinic	8. PLACE OF DI Home 5 Re : INJURY AT WORK? YES 2 office data end place, on, death occur 29c. LICE	eldence 8 NO and due to ed at the tileses NUME	PERFO 1 YES : Norther (Specify) 284. LOCATION (Street City or Town, State o the cause(a) end ma me, data and place, a	INJURY OC and Number and due to ti	or or Rurel	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, Route Number, (Month, Dey, Year)	



	FOR STATE REGISTRAR		STATE OF I	MARYLAND A	DEPAR	RTMENT	OF H	EALTH DE AT	AND I	MENTA	L HYGIE					
	1. DECEDENT'S NAME (First,	Middle, Last)					-				OF DEATH			3. TI	ME OF DEATH	
	FRANK R.	WEIS	SMAN							MONT	н	13	YEAR Q1		Q.15 AM	
	4. SOCIAL SECURITY NUME	ER	8. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	1.	8, BIRT	HPLAC	E (State or Foreign	
	216-05-5168		100 M 2 F	79	YAS.	MONTHS	DAYS	HOURS	MIN.	(Mont	n, Day, Year) 26 12		Coun		land	
- 1	9a. FACILITY NAME (If not in	etitution, give st	reet and number)			9b. CITY,	TOWN (OR LOCATI	ON OF DE	EATH	20 12		UNTY OF		Land	
E	514 Gwynnva	ale Ro	ad					i11e			Rail	Ltimo	ro			
8	RESIDENCE OF DEC	EDENT				1 11	(C) V	1110	,			Dal	LCTIIIC	ire		
DIRECTOR	10e. STATE	10b. COUNTY			10c. CI1	TY, TOWN O								10d.	INSIDE CITY LIMITS?	
ā	Maryland		ltimore			Pike	svi	lle					177	1 TYES 2 NO		
FUNERAL	10e. STREET AND NUMBER		_				10	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							COUNTRY?	
<u> </u>	514 Gwynnva	ale Roa	ad					2	1208				USA			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — America 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — America 17. Mary Mary Mary Mary Mary Mary Mary Mary								merican Indian, la. atc.							
BY	1 Never Married 2 X 3 Widowed 4 Divo			MAR OR DATES				2 NO			· incest, atoxy				nite	
		222											<u> </u>	.,,	-	
	(Specify on	EDENT'S EDUC y highest grade	completed)	(0		work done d			ng	168	. KIND OF B	USINESS/IN	IOUSTRY			
٦	Elementary/Secondary (I)-12)	College (1-4 or 8	+)	ales	ise recreat,				T	iquor					
COMPLETED	1 Z 16. MOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Last)															
8	Mair Weissman Mary									,		n Sumame)				
BE	19a INFORMANT'S NAME (Type/Dript)											Otata 7	Tio Code)			
임	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 514 Gwynnvale Rd., Baltimore, MD 21208									2						
	204, METHOD OF DISPOSIT			7					, De	DAT		OCATION -			inte	
20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20b. DATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20b. PLACE AND DATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20b. PLACE AND DATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20b. PLACE AND DATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20b. PLACE AND DATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20b. PLACE AND DATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20b. PLACE AND DATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20b. PLACE AND DATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or cemeta																
	I gm o	1 an	arrull	2-							unera					
			-		_									le.	MD21208	
	23. PART I. Enter the d shock, or h	liseeses, or d leart fellure.	complications th List only one ca	et ceused the d use on eech lin	eath. Do	not enter	the mo	de of dy	Ing, suc	h se car	disc or ree	piratory a	rrest,		Approximats Interval Between	
	IMMEDIATE CAUSE (Fi	nel		1		***			/	-	1-		11	,	Onset and Death	
	resulting in death)	\rightarrow	· Im	physe	ma	w	16	C	20	nic	6	ona	れじか、	5		
			DUE TO	(OR AS A CONSI	EOUENCE	OF):										
CERTIFICATION	Sequentielly liet condit		b	OR AS A CONSI	OUENCE ()F)·										
AT	If eny, leading to imme cause. Enter UNDERLY		552 11	TOTAL AL CONO.	- COLITOR C	. ,.								İ		
윤	CAUSE (Disesse or Injuting that initiated events	ury S	c. DUE TO	O (OR AS A CONSI	EOUENCE (OF):								+		
E	resulting in death) LAS	T .	4											_		
뜅																
SAL	PART II. Other significa		_		-		derlyin	g ceuse	given in	Part I.		N AUTOPS' ORMED?	Y 24	AVAI	E AUTOPSY FINDINGS LABLE PRIOR TO	
음	Coron	any	700	nt o	موال	000	•				1 TYES	2 NO			PLETION OF CAUSE DEATH?	
MEDI														1 🗆	YES 2 NO	
ä																
C	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATH (C	neck only o	ne)					
YSI	1 ☐ YES 2 NO		1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA			no 5,248	aaldenes	8 🗆 Oth	er (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	Pending	28a. DATE C (Month,	F INJURY Day, Year)	28b. TII	ME OF	28c. IN	JURY AT DRK?		28d. DE	SCRIBE HOV	V INJURY O	CCURED			
BY	2 Accident			М		YES 2	NO									
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At It g, etc. (Specify)	nome, farm,	street, fact	ory, offi	00			CATION (Street or Town, Sta		er or Rura	Route	Number,	
ET		- January .	10													
COMPLETED	anal and		ICIAN: To the best													
ON	one) 2 MEC	DICAL EXAMINE	R: On the beals of	examination and/o	r Investiget	lon, in my o	pinion,	death occu	red at the	time, dat	a and place,	and dua to	the cause	(a) and	manner as stated.	
ш	296, SIGNATURE AND TITL			,		_		29c. LIC	ENSE NU	MBER		29d, D	ATE SIGNE	P (Mor	th, Day, Year)	
00	trone	A.	Gend	erg 1	h	.0.			U)	00	764		91	13	191	

31. DATE FILED (Month, Dey, Year)
SEP 16 1991

32. REGISTRAR'S SIGNATURE LA DAVIDON HONDE

21133

8630 LIBERTY PLAZA MALL

= N = N

12 E 16

BALTIMORE, MARYLAND 21215-0020

shows any r this certificate has bee h with the State Dept. o arked, or Item 23 sh marked, o Mer death

100

28 Hem .

=

121

hours after

TO THE FUNERA
be filed within 72
IMPORTANT: II

The Hospital The Funer filed within 72 ho

PN OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 1 2DAY WARREN WHYE HTHE 11:00 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (Stete or Foreign 216-62-1190 MONTHS DAYS HOURS 1 X M 2 | F 37 Ves 8-19-1954 Maryland 9e. FACILITY NAME (If not institution, give etreet end number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MEDICAL CENTER BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore VES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3911 Bonner Rd. 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Printer Printing 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) Walter Whye BE Margaret Lambert 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Whye 2708 W. Mosher St. Balto., Md. 21216 20s. METHOD OF DISPOSITION

1/S Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Garrison Forrest Vet. 9-18 Garrison Maryland 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4611 Park Heights Avenue Balto., Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) INTRAVENOUS NARCOTIC AND COCAINE INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE VES 2 NO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpetient | Inpe OTHER: 1 X YES 2 NO te 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 2Sc. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural FOUND: 9-11-91 UNKNOW 1 YES 2 NO UNKNOWN BY 2 Accident 28e. PLACE OF INJURY --- At home, ferm, street, tectory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number City or Town, State)
BALTIMORE, MARYLAND COMPLETED 8 Could not be FOUND AT HOME 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee steted. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) ute NW 09/13/91 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET, BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 6 1991

21215-0020 if or attending physician. or use as the burlal-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be retained by the hospital or attending physicia in by the funeral director, page 5 should be detached for use as the burlai-tremoval.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDED AND 21215-0020 TO THE HOSPITAL OR ATTENDED AND ALL THE LOSPITAL OR ATTENDED AND ATTENDED AT

	91-5310-	510							7	1 (249		
	1 - STATE REGISTRAR	STATE OF I	MARYLAND) / DEPAR	TMENT OF H	HEALTH AND	MENTA	L HYGI					
	1. DECEDENT'S NAME (First, Middle, Last)					DEATH	2. DATE	OF DEATH			7 705	AE OF DEATH	
	PATRICK			W	ALSH		MONT			9 9 TAR		35P	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	<u> </u>		1 -	(State or Foreign	
	219 42 0020	1 🖾 M 2 🗌 F	47	YRS.	MONTHS DAYS	HOURS MIN.	(Mont)	1, Day, Yea 3/19	r)	Cou	ntry)		
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN	OR LOCATION OF D		. 3/ 19		44 New York			
8	ST AGNES HO	SPITAL			BALTIMORE CITY ======								
5	RESIDENCE OF DECEDENT				211111	THORE	. 1 1 1						
DIRECTOR	Maryland ===	·=====			y, town on Local ltimore	TION					L	NSIDE CITY LIMITS? YES 2 NO	
4	10e. STREET AND NUMBER				10	f. ZIP CODE			10a CI	TIZEN OF		OUNTRY?	
FUNERAL	4126 Doris Aven	ne				21225				·S·A		oon m	
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13, WAS DEC	CENDENT OF HISPA	NIC ORIGIN	I? (Specify				adean Indian	
	1 Never Married 2 Merried	FORCES? 1	YES 2 D	NO	tt yes, sp	ecify Cuben, Mexico	in, Puerto I	Alcen, etc.)	Ble		ericen Indien, o, etc.	
ВУ	3 Widowed 4 Divorced				" "	- Miles	y.			Spe	ecity: W	hite	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a.	DECEDENT'S	USUAL OCCUPATION	ON set of weeking	16b	KIND OF	BUSINESS/IN	DUSTRY	-		
9	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use relired.)												
COMPLET				Carpet	Cleaner								
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, I	Middle, Mei	den Sumeme)				
8		illiam P					≥ M.						
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS (Street e	and Number or Rural	Route Numb	ber, City or	Town, State, Z	(ip Code)			
	Anne Walsh			4126	Doris A	Avenue	Ba1	timo	re, Ma	ary1	and	21225	
	20e. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Remi	ovat from State	20b. PLAC	CE ANODATE (F DISPOSITION (Na	ame of	DAT		LOCATION -				
	4 Donation 5 Other (Specify)		Holy	Cros	^{her place)} S Cemet e		9-1	6 B	altim	ore,	Mar	yland	
22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.													
	Mense V	1100	400		4001	Ritchie	Hunz	Do 1	timor	o M	.д. Э	1225	
	23. PART I. Enter the diseases or o	omplications the	t named the		1001	TITOCITTE	TIMY .	Dul	CTHOL	-/ I.I.	u. Z		
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart felture. List only one cause on each line.								\nnrovimate					
	IMMEDIATE CAUSE (Finel disease or condition	Cal	ise on each il	ine.	sitra	de of dying, suc			spiratory s	rrest,	1.1	Approximats Interval Between Onset and Death	
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition	B. DUE TO	Lego on each II	SEQUENCE OF	srt2):	de of dying, suc			spiratory s	rrest,	1.1	nterval Between	
. CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. OUE TO	OR AS A CONS	SEQUENCE OF):):	de of dying, suc			spiratory s	rrest,	1.1	nterval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. OUE TO	OR AS A CONS	SEQUENCE OF):):	de of dying, suc		240. WAS	AN AUTOPSY		lb. WERE	nterval Between Priset and Death Death Death Death Death	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. OUE TO	OR AS A CONS	SEQUENCE OF):):	de of dying, suc		24e. WAS PERI	AN AUTOPSY		ib. WERE /	AUTOPSY FINDINGS BLE PRIOR TO ENTON TO	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. OUE TO	OR AS A CONS	SEQUENCE OF):):	de of dying, suc		24e. WAS PERI	AN AUTOPSY ORMEO?		b. WERE / AMAILA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ENTON TO	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. OUE TO	OR AS A CONS	SEQUENCE OF):):	de of dying, suc		24e. WAS PERI	AN AUTOPSY ORMEO?		b. WERE / AMAILA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH?	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	OUE TO OUE TO s. OUE TO	(OR AS A CONS	SEQUENCE OF	n the underlying	de of dying, suc	Part I.	24e. WAS PERI 1 X YES	AN AUTOPSY ORMEO?		b. WERE / AMAILA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH?	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 \(\sum \) NO	OUE TO OUE TO OUE TO HOSPITAL: HOSPITAL: I Inpatient #X	(OR AS A CONS (OR AS A CONS deeth but no	SEQUENCE OF	the underlying 26. PL OTHER:	de of dying, suc	Part I.	24e. WAS PERIOD YES	AN AUTOPSY ORMEO?		b. WERE / AMAILA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH?	
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 \(\subseteq NO 27. MANNER OF DEATH	OUE TO OUE TO s. OUE TO	COR AS A CONS GOR AS A CONS GOR AS A CONS GOR AS A CONS GOR AS A CONS GOR AS A CONS GOR AS A CONS GOR AS A CONS GOR AS A CONS GOR AS A CONS	SEQUENCE OF	28. PL OTHER: 4 28c. INJI	Cause given in ACE OF OEATH (Ch	Part I.	24e. WAS PERI 1 VES	AN AUTOPSY ORMEO?	24	b. WERE / AMAILA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH?	
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? A YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation	OUE TO OU	(OR AS A CONS (OR AS A CONS deeth but no	SEQUENCE OF SEQUENCE OF At resulting i	26. PL OTHER: 4 Nursing Homm S OF 28c. NUI NY WO 1 Y	cause given in ACE OF OEATH (Ch. 5 Residence DRY AT (ES 2 NO	Part I.	24e. WAS PERI 1 VES	AN AUTOPSY FORMEO?	24	b. WERE / AMAILA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH?	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Panding to the provided investigation and so could not be	B. DUE TO OUE TO OUE TO S.	(OR AS A CONS (OR AS A CONS deeth but no	SEQUENCE OF SEQUENCE OF At resulting i	26. PL OTHER: 4 Nursing Home OF 28c. NNJ	cause given in ACE OF OEATH (Ch. 5 Residence DRY AT (ES 2 NO	Part I. Part I. Book only one Control Contro	24e. WAS PERI 1 YES (Specify) CRIBE HO	AN AUTOPSY FORMEO? 2 NO W INJURY OCH	24	b. WERE MAILA COMPLETO F DE 1920 Y	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE XTM? ES 2 NO	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation of the determined	B. DUE TO OUE TO OUE TO S.	(OR AS A CONS (OR AS A CONS deeth but no	SEQUENCE OF SEQUENCE OF At resulting i	26. PL OTHER: 4 Nursing Homm S OF 28c. NUI NY WO 1 Y	cause given in ACE OF OEATH (Ch. 5 Residence DRY AT (ES 2 NO	Part I. Part I. Book only one Control Contro	24e. WAS PERI 1 VES (Specify) CRIBE HO	AN AUTOPSY FORMEO? 2 NO W INJURY OCH	24	b. WERE MAILA COMPLETO F DE 1920 Y	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE XTM? ES 2 NO	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29. CERTIFIER Check only 1 CERTIFYING PHYSIC	DUE TO OUE TO OUE TO OUE TO Secontributing to Properties the second of the second	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no ER/Outpetlent INJURY ny, 'ber') F INJURY — At etc. (Specify)	SEQUENCE OF SEQUEN	26. PL OTHER: O	cause given in ACE OF OEATH (Ch. 5 Residence URY AT RKY ES 2 NO	Part I. Book only one College City of to the cau	24e. WAS PERI 1 VES 9 (Specify) CRIBE HO ATION (Stream Fown, Ste	AN AUTOPSY ORMEO? 2 NO W INJURY OC et and Numbe	CCURED or or Rural steed.	Ab. WERE / MAILA COMPLOT DE / 1 YOU'VE NUI	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATHY ES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation in Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO OUE TO OUE TO OUE TO Contributing to Contributing to Description of the second of the s	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no ER/Outpetlent INJURY ny, 'ber') F INJURY — At etc. (Specify)	SEQUENCE OF SEQUEN	26. PL OTHER: O	ace of oeath (Ch	Part I. Back only one Chy of City of	24e. WAS PERI 1 VES 9 (Specify) CRIBE HO ATION (Stream Fown, Ste	AN AUTOPSY ORMEO? 2 NO W INJURY OC et and Numberte) menner ee sta end due to t	CCURED or or Rural sted.	AMALA COMPLOF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE NTH? ES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29. CERTIFIER Check only 1 CERTIFYING PHYSIC	DUE TO OUE TO OUE TO OUE TO Contributing to Contributing to Description of the second of the s	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no ER/Outpetlent INJURY ny, 'ber') F INJURY — At etc. (Specify)	SEQUENCE OF SEQUEN	26. PL OTHER: O	Cause given in ACE OF OEATH (Ch 5	Part I. Book only one City of the cau to the cau time, date	24e. WAS PERI 1 VES 9 (Specify) CRIBE HO ATION (Stream Fown, Ste	AN AUTOPSY-ORMEO? 2 NO WINJURY OC et and Number menner ee sta end due to t	CCURED or or Rural sted.	AMAILA COMPIL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITH? ES 2 \(\text{NO} \) mber, anner es stated. Day, Year)	
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation in Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	B. DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no deeth but no FINJURY To the (Specify) my knowledge, tamination end/or see OF OEATH (11	SEQUENCE OF SEQUENCE OF the resulting is a sequence of the seq	26. PL OTHER: 4 Nursing Home OF 28c. tNJI WO 1 Y Irreet, factory, office d at the time, date in, in my opinion, do	Cause given in ACE OF OEATH (Ch. 5 Residence URY AT RK7 VES 2 NO end place, end due eath occured at the OCM	Part I. Beck only one City of City o	24e. WAS PERI 1 YES (Specify) CRIBE HO ATION (Street or Fown, Steet see(s) end if	AN AUTOPSY-ORMEO? 2 NO W INJURY OCH et and Number tel 29d. DAI	CCURED or or Rural sted. the ceuse(Route Nu. Route Nu. Route Nu. Route Nu.	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH? BINDER 2 NO Day, Year) 1991	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation investigation in the determined 29e. CERTIFIER (Check only one) 27. MEDICAL EXAMINER	DUE TO OUE TO OUE TO OUE TO Secontributing to CAN: To the bast of an output of the basis of experience of experience of experience of the basis of the basis of experience of the basis of experience of the basis of experience of the basis of experience of the basis of experience of the basis of experience of the basis of experience of the basis of the basis of experience of the basis of the basis of experience of the basis of the basis of the basis of experience of the basis of	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no ER/Outpatient INJURY At 1 F INJURY — At 1 etc. (Specify) my knowledge, tamination end/or	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF INVESTIGATION OF SEQUENCE OF Investigation of Investigatio	26. PL OTHER: 4 Nursing Home 5 OF 28c. INJI JRY M 1 V Ireet, factory, office	Cause given in ACE OF OEATH (Ch 5	Part I. Beck only one City of City o	24e. WAS PERI 1 YES (Specify) CRIBE HO ATION (Street or Fown, Steet see(s) end if	AN AUTOPSY-ORMEO? 2 NO W INJURY OCH et and Number tel 29d. DAI	CCURED or or Rural sted. the ceuse(AMAILA COMPIL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH? BINDER 2 NO Day, Year) 1991	

T T

TO THE HIGHTIAL OR ATTENDING PRYSCIAN. The saw requires that the death certificate be executed within 24 nover after death. Page 6 may he retained to the hose	TO THE FUNCTAL DIRECTOR After the certificate has been agoed by the attending physician and completely filled in by the funeral director, page 5 should be detached to find within 72 hours, after dama with the State Dec. or Health and Mercal Holles prior to build, champain or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumalic event, the medical examiner must be notified at once.
after death. Pa	by the funeral o	lical examine
Within 24 hour	nitrely filled in	ent, the med
ficate be executed with	ician and com	traumatic ev
feath certificat	attending phy	ry, or other
ures that the	signed by the Health and Me	ws any inju
N: The law red	State Dept. of	Item 23 sho
WING PHYSICIA	After this certificant with the	marked, or
N, OR ATTEN	L DIRECTOR	f Item 28 is
TID THE HOSPITA	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fur- he filled within 72 hours after death with the State Dect, or Health and Mersal Hotlers prior to burial, chemation, or nemonal	IMPORTANT: I

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEL		24981				
		ELMAC	Ami	TOR		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 577-58-3472	1 M 2 M F 84	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		June 6, 1		BIRTHPLACE (State or Foreign Country) ennsylvania				
TOR	90. FACILITY NAME (If not institution, give st SOUTHERN MI RESIDENCE OF DECEDENT	PRY LAND HO.	SPITAL	96. CITY, TOW	NOR LOCATION OF	DEATH	9c. COUNTY	OF DEATH GEORG				
FUNERAL DIRECTOR	Maryland Prin	ce George's		ort Wash			N	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
IERAL	100. STREET AND NUMBER 2604 Mary Place				101. ZIP CODE 20744		U.S.	N OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	tf yes,	ECENDENT OF HISP	can, Puerto Rican, etc.)	ANIC ORIGIN? (Specify Yes or No — 14. RA					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	TION most of working	166. KIND OF BU	JSINESS/INDUS					
Victor S. Sacks Sarah Musselman												
5	Fred J. Amthor		2604 N	Mary Pla	ace, Ft.	of Route Number, City or Too Washington	n, State, Zip Co	20744				
	20e. METHOD OF DISPOSITION 1X/Burlal 2 Cremetton 3 Removal from State 4 Donetton 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cappetery, crematory or other place) Resurrection Cemetery 9/5/91 Clinton, Maryland											
	21. BIGNATURE OF FUHERAL BERVICE LICE	Frala.	e)	Geo:	Oxon Hi	ilas Funera 11 Rd. Oxo	n Hill	. Marvland				
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or freat failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIOPULMONARY FAILURE Due to (or as a consequence of):											
NO		Severe ge	enerali	zed pe	ritonit	is		hours				
CERTIFICATION	Many, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):											
CERT	resulting in death) LAST					de of ble	edings	s. days.				
IN: MEDICAL	severe dehydra fecal impactic left hemipares	ntion and a	azotemi covascu	a and lar di	severe sease w	PERFOI 1 □ YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	etlent 3 DOA	OTHER:	PLACE OF DEATH (C	8 Other (Specify)						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	JURY AT PORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, farm, s	street, factory, off	lca	281. LOCATION (Street City or Town, State)	and Number or F	Rurel Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	IAN: To the best of my knowl COn the basis of examination	edge, death occurre a and/or investigation	nd at the time, da	te and place, and du	e to the cause(s) and mai	nner as stated. Id due to the cr	use(s) and manner as stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Min or			29c. LICENSE NU D1288			GNED (Month, Day, Year) G.31 1991				
	30. NAME AND ADDRESS OF PERSON WHO PETER W. YIM M.	D.7900 OLI	BRANC	H AVE.	SUITE	101,CLIN	TON, MI	0.20735				
	SEP 0 4 91 Ju	12. REGISTRAR'S SIGNI										

13146,
ВОХ
P.0.
RECORDS,
VITAL
OF
VISION

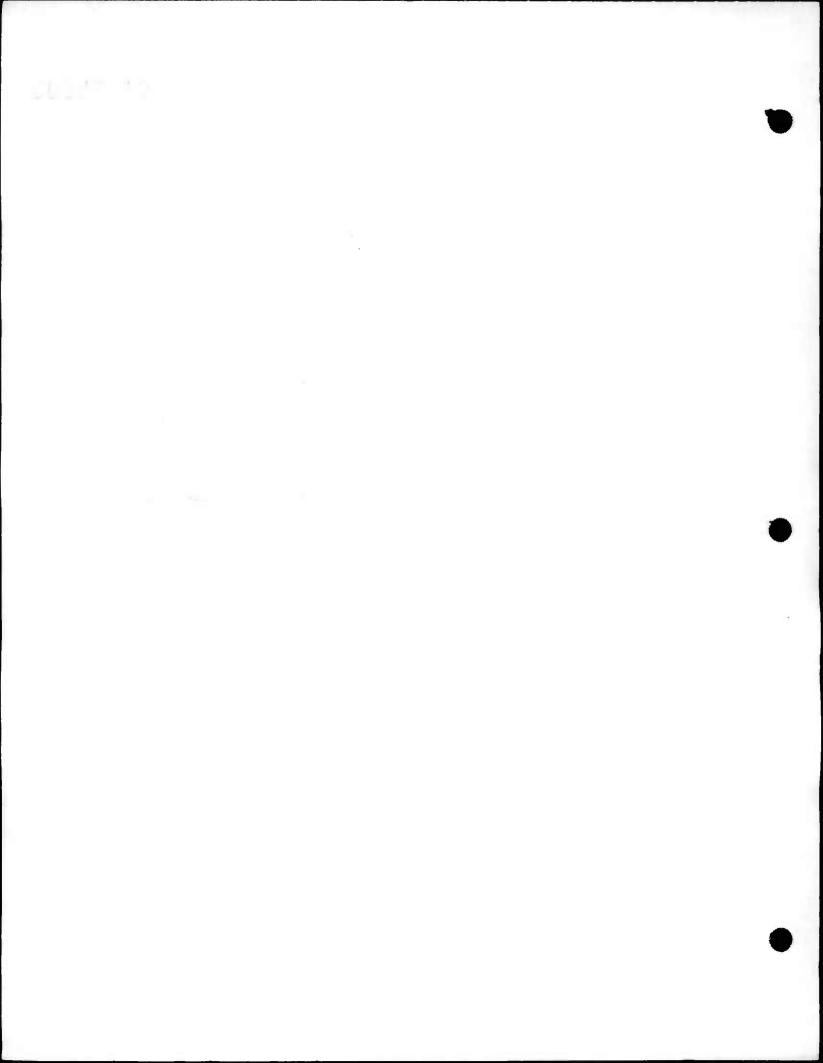
	FOR STATE REGISTRAR			RTIFICAT			MENTAL HYG REG.	NO.	31	24982
	1. DECEDENT'S NAME (First, Midde Walter M. Boy	wman	Mathias					8, 1991	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-16-3399A	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. last t	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	1906	Mary	
	Avalon Manor	Nursing Hom	е			town, MD		110	n of DEA	
	10a. STATE 10b	ashington		Hagers						Dd. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER					. ZIP CODE		10g. CITIZ		AT COUNTRY?
	Route 8, Box 11. MARITAL STATUS 1 Never Married 2 Marr 3 Wildowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. ARM 1 YES 2 XNO WAR OR DATES	ED 13	If yes, spi	21740 ENDENT OF HISPAR ecity Cuben, Mexice 2 NO Specific	in, Puerto Rican, etc	2.)	USA 14. RACE - Black, 1 Specify: White	
-		NT'S EDUCATION nest grade completed) College (1-4 or 5	+) (Give	DENT'S USUAL identified on NOT use retired.	during mo		16b, KIND O	F BUSINESS/INDL		
	17. FATHER'S NAME (First, Middle, Henry Bowman					Fannie	ME (First, Middle, M.			
	19.0. INFORMANT'S NAME (Type/P Rosalie Addle					. , Waynes			Code)	
	20s. METHOD OF DISPOSITION TX Burlal 2 Cremation 3 4 Donation 6 Other (Spe		20b. PLACE Of other place	F DISPOSITION (lame of cen	metery, crematory or	20	c. LOCATION — C		
	23. PART I. Enter the diseasehock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACT		in. Do not ente	ir the mo	da of dying, euc	h ea cerdiac or			Md, 21740 Approximata Interval Between Onset and Daeth
	Sequentielly list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. AS	O (OR AS A CONSEQUENCE OF A CONSEQUENCE OF							jears
The second secon	Old CVA	conditiona contributing to	o death but not re	sulting in the	inderlyln	g cause given in	PE	AS AN AUTOPSY ERFORMED?	6	YERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
	25. WAS CASE REFERRED TO ME EXAMINER?					LACE OF DEATH (C	heck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Peru	26a. DATE O (Month,	ER/Outpatient 3 [DF INJURY Day, Year)	DOA 4 TIME OF INJURY	28c. IN.	JURY AT DRK? YES 2 NO		() HOW INJURY OCC	URED	
	3 Suicide 6 Cou	28e. PLACE	OF INJURY — Al hom g, etc. (Specify)	e, ferm, street, fo	ctory, offic	>0	261. LOCATION (S City or Town,	Street and Number State)	or Rural Ro	ute Number,
	onel	ING PHYSICIAN: To the best								and manner as stated.
	29b. SIGNATURE AND THE OF	(Las)	~			29c. LICENSE NU D1702		≥ 9d. DATE	10/	Yonth, Day, Year)
-1	30. NAME AND ADDRESS OF PE	RON WHO DOMPLETED CA	USE OF DEATH (ITEM	27) (Type, Print)						
	Wun B Ka	ang, M.D.			j Av e	., Hage	erstown	, Md.	2174	0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he fined within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been slight by filed within 72 hours after death with the State Dept. of Hea	IMPORTANT: If item 28 is marked, or item 23 shows	

	_	FOR STATE REGISTRAR		STATE OF N	MARYLA			TMENT				MENTAL	. HYGIENI REG. NO.	E	91	24983
		1. DECEDENT'S NAME (First, M	bert	Harp B	rande	enbu	rg					2. DATE MONTH	_	199	YEAR	7 P M
		4. SOCIAL SECURITY NUMBER 215-18-2778		5. SEX 1 🔀 M 2 🗌 F	8. AGE (Ir	n yrs. last 36	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	(Month	OF BIRTH), Day, Year) 13-190		Country)	ACE (Stete or Foreign
		9e. FACILITY NAME (If not instit	tution, give str	eet end number)				9b. CITY,	TOWN C	OR LOCATI	ON OF DE		13-130		TY OF OEAT	N
- 1	DIRECTOR	Reeders I	Memori	ial Home				Boo	ons b	oro				Was	hingt	ton
Jes 1,	EG		IOB. COUNTY				10c. CIT	Y, TOWN O	R LOCAT	TION				· -	10	d. INSIDE CITY LIMITS?
7. 2.		Maryland	Was	hington			H	lager	stow	m					1	YES 2 NO
46 physician. burial-transit permit. Pages 1,	FUNERAL	952 Mulbe	rry A	venue					101	2174					S.A	• COUNTRY?
LAND 21203-3146 by the hospital or attending physician, be detached for use as the burial-tran at once.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 M 3 Widowed 4 Divorce		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO If yes, specify Cuban, Mexican 1 ☐ YES, GIVE WAR OR DATES					n, Puerto Rican, etc.) Blac				American Indian, Thite, etc. White			
21203-3146 tal or attending phys for use as the buri	ETED	(Specify only h		completed)		(Gh	ve kind of	USUAL OC	CCUPATIO	ON ost of work	ing	16b	. KIND OF BUS	SINESS/INDU	STRY	
AND 21; the hospital o detached for once.	COMPLE	Elementery/Secondary (0-1:		College (1-4 or 5	+)			ler					Bank			
MARYLAND s retained by the host s should be detache notified at once.	ш		THER'S NAME (First, Middle, Last) Elmer Grandville Brandenburg J. Edith Harp								:p					
MARY retained to 5 should	10 B	19e. INFORMANT'S NAME (Typ											ber, City or Tow			<u> </u>
X 9 m	-	Carvella B		ndenburg								lager	stown,			
MORE, I Page 8 may be Il director, page		20a. METHOD OF DISPOSITIO 1 Suriel 2 Cremetton 4 Donetion 5 Other (S	3 🗆 Remo	oval from State		other pla	ice)	en C				-91		cation — c		ash.,Md.
Page al direc		21. SIGNATURE OF FUNERAL		ENSEE		iles c	ilav	22.	NAME A	ND ADDRI	ESS OF FA	CILITY				
BALTIMORE, ter death. Page 6 may to the funeral director, page.		> £. h	sel -	Brady	4			1					Funer			Md. 21740
within 24-mours at pietely filled in by cremation, or remement, the medicient, the medicient,		23. PART i. Enter the dieselectory of hee immediate CAUSE (Fine disease or condition resulting in death)	ert feliure. I	a. Level		ach lina	RO	mil					lec or respi			Approximets interval Between Onset and Dasth
O. BOX 13: h certificate be execu anding physician and Hygiene prior to bur or other traumatii	CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in deeth) LAST	iste IG		OR AS A								,			
S, the B of Miles	MEDICAL C	PART II. Other significen	t condition	e contributing to	deeth b	ut not r	resulting	in the un	nderlyin	ig ceuse	given in	Part I.	24a. WAS AN PERFOR	RMED?	A	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
S y rec															1	YES 2 NO
	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER		LACE OF	DEATN (Ch	eck only o	ne)			
SICIAN: The certificate the State of the Sta	IXSI	1 TYES 2 NO		1 Inpatient 2		etlent 3	_	4 Nur	sing Hon	ne 5 🗆 F	Residence	_			1050	
O SHY		27. MANNER OF DEATH 1. Netural 5 P		26e. DATE O (Month,	Day, Year)		28b. Til	JURY M	W	ORK? YES 2	□ NO	28d. DE	SCRIBE NOW	INJURY OCC	URED	
Z S S S S S S S S S S S S S S S S S S S								street, faci				261. LOC City	CATION (Street or Town, State	end Number)	or Rural Rou	ite Number,
	COMPLETED	29a. CERTIFIER (Check only	FYINO PHYSI	CIAN: To the best of	of my know	ledge, de	eth occur	red at the t	time, date	a end plac	ea, and due	to the ca	use(e) and ma	nner as state	rd.	··· ·
HOSPITAL FUNERAL Within 72	W O	cond only														and menner ee stated.
TO THE HOSPITY TO THE FUNERA De filed within 7	BEC	29b, SIGNATURE AND TITLE (OF CERTIFIES	A							CENSE NU					fonth, Day, Year)
6 6 % X	욘	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAI	USE OF OE	ATN (ITE	M 27) (Tyo	e, Print)	_	1 {	032	5 18		7	5.9	1
			denet	10				ane,	Kee	dysv	ille	, Md	•			
1117		31. DATE FILED (Month, Day, Y	10 4	32. REGIST	Anys sign	ATURE	~ B	ndell								

32. REGISTIANS SIGNATURE Fundale.

31. DATE FILED (Month, Day, Year) '91



hosi	che	륁
the	deta	5
B	9	7
ined	youk	ie e
reta	5	5
y be	age	pe
EE C	to.	nst
age (direc	E
E.	era!	E
deal	ž .	еха
after	y the	cai
5	in b	ned
	filled on, c	he
thin	etely	ıt, t
D Wil	Cre	eve
scute	nd cc	
9 60	an a	E
d an	ysicia	t e
tifica	d ph	the
e Ce	Hyd	0 0
deat	atte	ž
the	y the	Ē
that	ed b	ашу
nires	Sign	8.8
regi	Deen	sho
we!	Dent Dent	23
Ë	tate	tem
CIAN	the S	0
HYSI	o Sir	ed,
IG P	ter th	пап
NO	R. Af	8
ATTE	25	28
OR.	DIRE	tem
A	A R	=
SP	UNE	A L
포	出土	ORT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 confirs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an author of progressian after heart, with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-		

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / CE	DEPART RTIFIC	MENT OF	HEALTH F DEA	AND I		GIENE	(91 2498	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	EATH DAY	YE	3. TIME OF DEATH	
		Rhea Beckl						9	3	199		
	4. SOCIAL SECURITY NUMBER 220-30-9238	1 🗆 M 2 🔀 F	AGE (In yrs. Inst	YRS.	IF UNDER 1 YEARONTHS DAY	8 HOURS	MIN.		-1906	M	aryland	
-	Reeders Memori				9b. CITY, TOW			ATH	9c.	OF DEATH		
1 2	RESIDENCE OF DECEDENT	ат поше			800	nsbor	0			Was	Shington	
DIRECTOR	10e. STATE 10b. COUNTY	, hington			i amspo						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL						101. ZIP CO	795		10g.		OF WHAT COUNTRY?	
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Black, White, atc. 14. Was December 14. Was December 15. Was December 15. Was December 15. Was December 16. Was December 16. Was December 16. Was December 17. Was December 17. Was December 17. Was December 17. Was December 17. Was December 17. Was December 17. Was December 18.											
B	1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify:										Black, White, atc. Specify: 11 te	
100	15. DECEDENT'S EDU- (Specify only highest grade		- (Gh	ve kind of wo	ISUAL OCCUP	ATION most of work	king	16b. KINC	OF BUSINES	S/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	He.	Do NOT use	retired.) Asst.st			Nur	sing H	-loma		
S	17. FATHER'S NAME (First, Middle, Last)	 	[Mar .	Jing	7133131		THER'S NA	ME (First, Middle,				
	Harry	Garfield		Snyd	er		Iren	e \	/irgin	ia	Bloyer	
TO BE	198. INFURMANT S NAME (TyperPrint)							Route Number, Ci	-		de)	
F	Raciffeell Rhoac	:	1					William				
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) St. Paul 'S Cemetery Clear Spring MD											
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIF	CEMBER /] 36.1	auı	22. NAM	E AND ADDR	ESS OF FA	CILITY		Spr	I IIQ , MID	
	· Marm.	Ma						RAL HOM		a+ M1	D 21795	
	23. PART I. Enter the diseases, or										, Approximata	
	immediate Cause (Final disease or condition	List only one cause	on aach lina								Onset and Death	
	reaulting in death)	a	R AS A CONSEC		uno	ma					3-40	
7		h			,							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	DUENCE OF):							
₫	cause. Enter UNDERLYING CAUSE (Disease or injury	c.	R AS A CONSEC	DIENCE OF	۸.							
	that initiated events resulting in death) LAST		n AS A CONSEC	SOLINCE OF	,.							
S		d										
18	,			_			_		PERFORMED	?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
B	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	· Can	/ OJE		min !	NO	_ 10] YES 2 []↓+	40	DF DEATH?	
Σ	<u> </u>							—			1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF	DEATH (C	heck anly one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 E	ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗆	Residence	6 Other (Sp.	ecify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIME INJU	URY	. INJURY AT WORK?		28d. DESCRIE	BE HOW INJUR	Y OCCUP	RED	
A	2 Accident Investigation	00 - Pt 405 05	AL RIVER A. L.			YES 2	□ NO		N (00	hh	Sand Barrier Marchan	
		28e. PLACE OF building, at	c. (Specify)	nire, term, 8	ereet, rectory,	onice			N (Street and N wn, State)	rumber of	Rural Route Number,	
COMPLETED	29e. CERTIFIER 1 DERTIFYING PHYS	SICIAN: To the best of m	y knowledge, de	ath occurre	d at the time.	date and pla	ice, and du	e to the cause/s) and manner	ee stated.		
M M	(Check only one) 2 MEDICAL EXAMIN										euse(a) and manner as stated.	
EC	296. SIGNATURE AND TITLE OF CERTIFIE					29c. L	ICENSE NU	IMBER	290		IGNED (Month, Day, Year)	
BE		4 White	20			X	B (8	910	*	9	1-3-2(
1 2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print) V	4.S.A.	7 04	~ 74	24.0			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) VASANTO

SEP 0 4 91

32/AGGISTARA'S SIGNATURA MANCELL

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	n 24 hours after death. Page 6 may be retained by the hospital or attending physician,	by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, oremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	MARYLAND / DEPAR CERTIF	ICATE OF		MENTAL HYGIENI REG. NO.		1 24700			
	1. DECEDENT'S NAME (First, Middle, Lest) CARL A.	BREI	GHNER	14/	2. DATE OF DEATH MONTH DAY AUgust 2	4, 15	3. TIME OF DEATH 1:40 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX 216-30-1603 XX № № 2 □ F	6. AGE (In yrs. last birthday) 60 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	a.	BIRTHPLACE (State or Foreign Country) MID			
	9a. FACILITY NAME (If not Institution, give street and number)	00	9b. CITY, TOWN C	R LOCATION OF DE	05-26-193	9c. COUNTY				
E	Memorial Hospital & Medi	cal Building	Cum	berland		Alleg				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
E			Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	MD Allegany 10e, STREET AND NUMBER	Cres	saptown,	. ZIP CODE		10a CITIZEI	IZEN OF WHAT COUNTRY?			
HA	14427 McMullen Highway			502		USA	TO THE GOOD THE			
FUNERAL		NT EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NC ORIGIN? (Specify Yea		. RACE — American Indian,			
	IF YES, GIVE	XIM YES 2 ∏ NO WAR OR DATES		city Cuban, Mexica	n, Puerto Rican, atc.)		Black, Whita, etc. Specify:			
) BY	3 Widowed 4 Divorced			white						
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	INESS/INDUS	TRY							
7	Elementary/Secondary (0-12) College (1-4 or 5	nes								
COMPLET	12 driver MD Motor Lines 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Surname)									
Ö	David A. Breighner									
BE	19. INFORMANT'S NAME (Transferred)									
5										
	20a, METHOD OF DISPOSITION	20b. PLACE ANO OAT	E OF DISPOSITION	(Name	DATE 20c. LO		y or Town, Stata			
	4 Donation 5 Other (Specify)	Rocky Gap				tstone	e, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	11	SCATTO	elli Fur	eral Home					
	Lanes + Alcan	Ollli		rland, M						
	23. PART . Enter the diseases, or complications the	at caused the death. Do	not enter the mo	de of dying, suc	h es cardisc or respi	retory erres	t, Approximate			
	IMMEDIATE CAUSE (Fine)	on each line.	1	4 .	1		interval Between Onset and Death			
	disease or condition resulting in death)	andioness	motor	y ANZ	est					
	T BUC	O (OR AS A CONSEQUENCE	P: 10	,						
O	Sequentially list conditions,	O (OR AS A CONSEQUENCE O	pore	asses	26					
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	(D) 24 COA	Ct	1						
FIC	CAUSE (Disease or injury that initiated events	O (OR AS A CONSEQUENCE O	A The	W.						
H	resulting in deeth) LAST									
	PART II. Other significent conditions contributing t	a death but not resulting	In the condesion	- come alive to	Part I. 24s. WAS AN		T			
EDICAL	A	o deads but not resulting	in the undarryin	g ceuse given in	PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
Ö	- gremia	·			1 🗆 YES 2	NO	OF DEATH?			
2					_		1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26 Pi	ACE OF DEATH (C)	neck cely one)					
PHYSICIAN:	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Propertient 2	☐ ER/Outpetient 3 ☐ DOA	OTHER:		8 Other (Specify)					
H	27. MANNER OF DEATN 26s. DATE O	F INJURY 286. TIR	WE OF 28c. IN.	URY AT	28d. DESCRIBE NOW I	NJURY OCCU	REO			
	1 Natural 5 Pending	Day, Ybar) IN.		YES 2 NO						
D BY	3 Suicide 200. PLACE	OF INJURY — At home, farm,	streat, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,			
TE	4 Homicide determined	y via (apoony)			Only or lown, State)					
PLE	29a. CERTIFIER Check only 1 CERTIFYING PNYSICIAN: To the best	of my knowledge, death occur	red at the time, date	and place, and due	to the cause(a) and mar	ner as stated				
COMPLETED	one) 2 MEDICAL EXAMINER: On the beals of	examination and/or investigation	on, in my opinion, d	leath occured at the	time, date and place, an	d due to the	cause(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	,		29c. LICENSE NU		29d, DATE S	SIGNED (Month, Day, Year)			
) BE		per per		D 22029)	D 81	28/91			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM 27) (Type	e, Print)	.111	0 1 1	1 100	21502			
	Dr. Riaz Janjua, Memoria	al Hospital M	ledical H	suilding,	Cumberlar	id, MD	21502			

~
20
2
60
9
\sim
\circ
BOX 68760
0
~
ш
10
0
4
0
Ō
RECORDS, P.O.
~
-
_
⋖
\vdash
=
-
Ų.
OF VITAL F
-
SION
0
75
٧,

31. DATE FILED (Month, Day, Year)
SEP 4 '91

32. REGISTRAR'S SIGNATURE
Julia Savidson-Rendall

-	1	E			
DALIMONE, MANIENDO ZIZIO-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit.	De hied within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR		STATE OF MA	RYLAND /	DEPAR ERTIF	TMENT OF	HEALTH AND	MEI	NTAL HYGIEN REG. NO.	-	91	24986
	1. DECEDENT'S NAME (First,		T) O'UT						DATE OF DEATH	W .	YEAR	3. TIME OF DEATH
	VIRGINIA 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL S	Α.	BOYD 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.							2	941	0845A"
	212-12-59		1 - M 2 7 E	HOURS MIN.	7.1	Month Day, Year)		6. BIRT	HPLACE (Stote or Foreign ary land			
_	90. FACILITY NAME (if not institution, give street end number) 91. The street end number is not institution, give street end number is not institution.											
DIRECTOR	Carroll C	Carroll County Gen. Hospital Westmi								Ca	rro	11
Ä	10e. STATE	10b. COUNTY			10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY		
	MD 10e, STREET AND NUMBER	Car	roll				minster					LIMITS? YES 2 NO
BY FUNERAL	57 Chase	Stroo	+			10	21157			-		WHAT COUNTRY?
N N	11. MARITAL STATUS	PITEE	12 WAS DECEDENT S	VER IN U.S. AD	MED	19 WAS DE		1110.0	RIGIN? (Specify Yes		U.S	•
F	1 Never Married 2 📉		FORCES? 1	YES 2 XX	10	It yes, s	pecify Cuben, Mexic	en, Pu	erto Ricen, etc.)	or No-	Blac	E — Americen Indien, k, White, etc.
	3 Widowed 4 Divo	rced				1 1 12	Z MO Speci	ny:			Spec	"White
TEC	(Specify only	EDENT'S EDUC highest grade of	ATION completed)	(G	ive kind of w	USUAL OCCUPATI	ON ost of working		16b. KIND OF BUS	MESS/IN		
F	Elementery/Secondary (0	-12)	College (1-4 or 5+) 1 1/2		Do NOT us						l '	7
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) 1 1/2 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 1 1/2 Teacher 16. MOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surneme)										1 system		
Ü	Orville	A11	1				1		d Harmo	,		
) BE	194. INFORMANT'S NAME (7)			191	. MAILING	ADDRESS (Street			Number, City or Town		p Code)	
2	Mr. Charl	es D.	Boyd									21157
	20s. METHOD OF DISPOSITION OF DISPOS	ON n 3 🗆 Remo	val from State		ND DATE O	F DISPOSITION (N	eme of		DATE 20c. LO	CATION -	City or To	own, State
	4 Donation 5 Other	(Specify)		Meado	w B	ranch	Cemeter	У	9/4 Wes	tmi	nst	er, MD
	21. SIGNATURE OF FUNERAL	L SERVICE LICE	ENSEE			Pri	ND ADDRESS OF F	ACILIT	al Home	2	Cha	nel
	Rober	t K.	Pritts.	Sr.		412	Washin	et.	on Rd.	We	stm	inster, MD
	23. PART i. Enter the di	seasea, or co	omplications that co	sused the de	sth. Do n	ot sntar tha me	ode of dying, suc	ch aa	cardisc or reapi	ratory sr	reat,	Approximate
	IMMEDIATE CAUSE (Fin disease or condition	ad.					A+4)				Interval Batwesn Onest and Death
	reaulting in death)	+ .	metan				rotan	كند	5 con	NE	-	8 months
_		_	DUE TO (OF	AS A CONSEC	DUENCE OF):						
CERTIFICATION	Sequentially ilst condition if any, lasting to immediate		DUE TO (OR	AS A CONSEC	UENCE OF):						
CA	cause. Enter UNDERLYII CAUSE (Disease or Injur	NG										
E	that initiated eventa resulting in death) LAST	· •	DUE TO (OR	AS A CONSEC	UENCE OF):						
5		d.										
	PART II. Other significan	nt conditions	contributing to ds:	sth but not n	esulting is	n the underlyin	g csuse givan in	Part			240	. WERE AUTOPSY FINDINGS
MEDICAL									PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME												OF DEATH?
PHYSICIAN:												
2	25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:			26. P	ACE OF DEATH (C)	reck or	nly one)			
HYS	1 YES 2 NO		1 Inpatient 2 EF			4 Nursing Hom	e 5 Residence	_				
	1 Natural 5 I	Pending	(Month, Day,)		INJE	JRY WO	YES 2 NO	26d.	DESCRIBE HOW IN	JURY OC	CURED	
D BY	3 Sulaide	restigation Could not be	26e. PLACE OF IN	JURY — At hor	ne, term, at			261,	LOCATION (Street as	nd Number	or Rural F	Route Number
ш		etermined	building, atc.	(Specify)					City or Town, State)			
COMPLET	29e. CERTIFIER CHeck only	FYINO PHYSIC	IAN: To the best of my	knowledge, der	ith occurred	d at the time, date	end place, and due	to the	e cause(s) and men	ner ee ste	ted.	
OM	one) 2 MEDIC	CAL EXAMINER	On the besis of exemi	nation end/or i	nvestigation	, in my opinion, d	eath occured at the	time,	date end place, end	due to th	le ceuse(e	e) end menner es atated,
BE C	290. SIGNATUME AND TITLE		- (0		29c. LICENSE NU					(Month, Day, Ybar)
10 B	Tall	MA	spensed	Lade	7		DOT	0	19	•	91=	1915
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM	ATT I THOM	Jano			-		*	

DHMH-16 Rev 1/89

ase## 10

lea w) a f

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, in be filled within 72 hours after death and Mental Hygiene prior to burial, cremoval. IMPORTANT: If them 28 is marked, or them 23 shows any failure, or other traumate event the medical examiner must be marked, or them 28 is marked.	
---	--

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL	HYGIEN	400	1	24987	
	1. DECEDENT'S NAME (First, Middle, Last)	elma		ine	Biven	2. DATE MONTH	OF DEATH	8 9	EAR	TIME OF DEATH	
	000	1 - M 2 - 61	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	(Month	0F BIRTH 1.00/1/27	,	Mar Mar	yland	
CTOR	PENINSULA GENER		SALIS		PEATN		9c. COUNTY	OMIC			
L DIRE	10e. STATE 10b. COUNTY Maryland Wo 10e. STREET AND NUMBER	rcester	10c. CITY, T	Stock	ton		LIMITS?			YES 2 NO	
FUNERAL DIRECTOR	5501 Hill Rd.	12. WAS DECEDENT EVER IN U			218			U	SA	T COUNTRY?	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp	enDENT OF NISPA ecify Cuban, Mexic 2X NO Speci	an, Puerto R	? (Specify Ye licen, atc.)	s or No 14	Black, W Specify:	American Indian, thite, atc. Black	
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	ATION ompleted) 1 College (1-4 or 5+)	80. DECEDENT'S USI (Give kind of work life. Do NOT use re Regis	done during mo	st of working	16b.		Medica			
BE COM	17. FATNER'S NAME (First, Middle, Last) Peter Col	lins			18. MOTNER'S N. SaJ	llie I	Barkle	Surname)	Cal		
٥	190. INFORMANT'S NAME (Type/Print) William Conno		5501 Hi	11 Rd.	, Stocki	House Numb	er, City or Tox laryla	m, Stete, Zip Co and 21	864		
	20e. METNOD OF DISPOSITION 1 Buriel 2.25 Cremation 3 Remov 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNE ALL REVICE LICE!	ral Irom State cemete	LACE AND DATE OF D Pry. cremetory or other Salisbur	y Crem	atory	DATE		elisbui		sum laryland	
	Mana 4	Elmus		Denni	s Funera ranklin	St.	Snow	Hill,	Md.,	21863	
ATION	23. DART I. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	onsequence of):	ferct	de of dying, suc	ch aa cardi	lac or reap	iratory arrest	,	Approximate interval Between Onact and Death	
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART II. Other algorificant conditions diabetes me ASCVD		not reaulting in the	he underlying	j cause given in	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	COI OF	RE AUTOPSY PINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	28. PL	ACE OF DEATH (C)	heck only one)				
4XS	1 YES 3 NO 1	Inpatient 2 ER/Outpetic		Nursing Nome	5 Residence	_					
BY PI	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 V	RK? ES 2 NO	28d. DESC	CRIBE NOW I	NJURY OCCUR	ED		
ETED	3 Suicide a Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At nome, term, stree	t, factory, office		281. LOCA City o	TION (Street of Town, Stelle)	and Number or I	Rural Route	Number,	
COMPLETED	2 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of examination e	ge, death occurred at ind/or investigation, in	the time, date my opinion, de	end place, end due eath occured at the	to the ceus	e(s) and mei	nner es stated.	ouse(s) end	d manner es ateted.	
TO BE	296. SUBMATURE AND TITLE OF CERTIFIER	capus			D 308			29d. DATE 9		nth. Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	IVIA JE 1	MID	PGH	MC						
	31. DATE 1116, 3"0"9"	32 RIGISTUAR'S SIGNATU	Mandale.								

100 10

מאבו היינים היינ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	THE HOSPITAL OR ATT	THE FUNERAL DIRECTL filed within 72 hours aft	PORTANT: If item 28	
	2	23	Ξ	

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN		1 24300				
7	1. DECEOENT'S NAME (First, Middle, Last) THOMAS WARREN	BLAKE				2. DATE OF DEATH		3. TIME OF DEATH				
1	214 34 6452	11€ M 2 🗆 F 79	yrs. lasi birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year) 5-16-1912							
TOP	98. FACILITY NAME (If not institution, give street and number) CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK, MD. 9c. COUNTY OF DEATH PRINCE FREDERICK, MD.											
DIRECTO	10a. STATE 10b. COUNTY MD Calve	rt		nowwor Locat			10d. INSIDE CITY LIMITS?					
ERAL	10e. STREET AND NUMBER 1675 Dalrymple Ro	oad			ZIP CODE		1 TYES 2 MO 10g. CITIZEN OF WHAT COUNTRY? USA					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN C FORCES? 12 YES IF YES, GIVE WAR OR DATE WW	ES	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specify	HC ORIGIN? (Specify Yearn, Puarto Rican, etc.)						
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 1 2	TION 1 Impleted) College (1-4 or 5+)		USUAL OCCUPATION of done during monor relired.)	st of working	State 0		(Highway Adm.)				
BE CO		ake			18. MOTHER'S NA Josephi	ME (First, Middle, Maiden ne France		nbrooke				
10	19a INFORMANT'S NAME (Type/Print) Enid M. Blake		nd Number or Rural F	Route Number, City or Tow	n, State, Zip Co	ode)						
	20a. METHOD OF DISPOSITION 1 Burial 2 (2 Cremation 3 Removing 4 Donation 5 Other (Specify)	al from State cemel	Metropo"	FDISPOSITION (Na Printan Cr	ematory			y or Town, Stata				
	22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, Owings, MD 2073											
CERTIFICATION	23. PART I. Enter the diseases, or check, or heart failure. Lit IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that iniliated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	esti.				Interval Between				
MEDICAL	PART II. Other eignificant conditions	contributing to deeth but	not resulting in	the underlying	j ceuse given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ICIA		IOSPITAL:		26. PL	ACE OF DEATH (Che	ock only one)						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Matural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	ant 3 D-BOA 28b. TIME INJU	OF 28c. INJU		8 Other (Specify) 28d. DESCRIBE HOW IF	JURY OCCUR	EO				
	2 Accident Investigation 3 Suicida 8 Could not be datarmined	28a, PLACE OF INJURY — building, etc. (Specify)	At home, farm, str			28t. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my knowled	ge, dasth occurred	st the time, data in my opinion, da	and place, and due	to the cause(s) and man	ner as stated.	ause(a) and manner as stated,				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Hun rus	>	1	29c. LICENSE NUM			GNEO (Month, Day, Year)				
	MUKESH MATHUR, M.D.		PRINCE	FREDER	ICK, MAR	YLAND 206	78					
	31. DATE FILED (MOTE P. Year) 1991	32. ABGISTRAR'S SIGNATE	1- Pandell									

-	- STATE REGISTRAR		STATE OF M	IANTLAN	CERTIF	ICATE	OF	DEAT	TH	MENIAL	REG. NO.		91	21.000
- 1	1. DECEDENT'S NAME (First, Mic MADGE ELI		I BACHMA	ΔN						MONTH		Y Y	EAR 3.	TIME OF BEATH
- 1	4. SOCIAL SECURITY NUMBER		SEX		rs. leat birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE C	26-91 F BIRTH			12:58 A M
√I	226-10-1635	1	□ M 2 🛣 F	7	73 YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) -2-17		Country) VTR(GINIA
) [9e. FACILITY NAME (If not institu	tion, give street	and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUNTY		
5	509 DOUGLAS					SA	ALIS	BURY				WICOM	IICO	
DIREC		b. COUNTY			10c. CI	ry, town o	R LOCATI	ION					10	d. INSIDE CITY
늄	• MD	WICOM	CO		S	ALISI	BURY						1	LIMITS?
MAL	10e. STREET AND NUMBER						101.	ZIP CODE	E			10g. CITIZES	OF WHA	T COUNTRY?
FUNERAL	509 DOUGL							2180					S.A.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Mer 3 Wildowed 4 Divorced		P. WAS OECEDEN' FORCES? 1 IF YES, GIVE W			- 1	f yee, spe		n, Mexica	n, Puerto R	(Specify Yes Ican, atc.)	or No- 14	Black, W Specify: WHIT	American Indian, thite, atc.
윤	15. DECEDE (Specify only hig	ENT'S EDUCAT	ION npleted)	16	a. OECEDENT'S	work done o			na .	16b.	KIND OF BUS	SINESS/INDUS		
	Elementary/Secondary (0-12)		College (1-4 or 5 +		life. Do NOT u	ise retired.)								
COMPL	12 Years 17. FATHER'S NAME (First, Middle		Year		HOUSEW	IFE		10 MOTI	HED'S NA	AE (Elmt. A)	iddle, Maiden	Summana)		
о Ш	FRANCIS MAR		IITE) BAR			
00	19a. INFORMANT'S NAME (Type/	(Print)			19b. MAILIN	G ADDRESS	(Street at					n, State, Zip Co	ide)	
٩	JOSEPH S. BA				509	DOUG	LAS	RD.	SA	LISBU	RY, M	D 218	01	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation	8-2 3 □ Ramova	7-91	ott	ACE OF DISPO				natory or		20c. LO	CATION — City	or Town	, Stale
	4 Donation 5 Other (So		6	SA	LISBUR				00.05.51	DII 1834		LISBUR	Y, M	IARYLAND
- 1	. //.		-//			"F	IOLLO	YAWC	FUN	ERAL	HOME			
_	CL	edu	91	lle	ne					L RD		SBURY,		21801
	21. PART L Enter the disease ahock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	t feilure. Lie	Malic DUE TO	se on each	Ilne.			ue or dy	irig, auci	1 88 0010	ac or reap	ratory arrae	.,	Approximate interval Batween Onset and Death
CATION	Sequentially list condition if any, teading to immediate cause. Enter UNDERLYING	to	OUE TO	(OR AS A CO	ONSEQUENCE (OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	d	OUE TO	(OR AS A CO	ONSEQUENCE (OF):								
CALC	PART II. Other eignificant	conditions o	contributing to	death but	not resulting	in the un	derlying	ceuse	given in	Part I.	24s. WAS AN			ERE AUTOPSY FINDINGS
MEDI										_	PERFOR		O	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO M	EDICAL.					26. PL	ACE OF O	EATH (Chi	eck only one	»)			
		H	IOSPITAL:			OTHER	1 :				,			
2 5	EXAMINER?	1	☐ Inpatient 2 ☐	ER/Outpatie	ent 3 DOA		Una Home							
- 44	1 YES 2 NO 27. MANNER OF DEATH 1 Return 5 Pen			INJURY	28b. Til	4 🗆 Nun	28c. INJI WO	URY AT				NJURY OCCU	RED	
ED BY	1 YES 2 SENO 27. MANNER OF DEATH 1 Reture! 5 Pen 2 Accident 3 Suicide 8 Coo	nding	28a. DATE OF (Month, D	INJURY ley, Year)	28b. Til IN	4 Num	28c. INJI WOI 1 Y	URY AT RK? 'ES 2		28d. OE\$	CRIBE HOW I	and Number or		te Number,
EIEU BY	27. MANNER OF DEATH 1 Returel 5 Pen 2 Accident Inve 3 Suicide 8 Cou 4 Nomicide dete 29e. CERTIFIER (Check only one) 2 MEDICAL	nding setigation uid not be ermined 'ING PHYSICIA L EXAMINER: (28a. DATE OF (Month, D) 28a. PLACE O building, N: To the best of	INJURY ey, Year) F INJURY — etc. (Specify) my knowleds	At home, term,	4 Num ME OF JURY M street, tect	28c. INJI WOI 1 Y ory, office	URY AT RK? (ES 2 and place	NO NO	28t, LOCA City of	CRIBE HOW I	and Number or	Rural Rou	te Number, nd manner sa stated.
O BE COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH 1 Returel 5 Pen 2 Accident Inve 3 Suicide 8 Cou 4 Nomicide 8 Cou 6 Certifier (Check only 2 MEDICAL 29b. SIGNATURE AND TITLE OF	nding setigation uld not be ermined VING PHYSICIA L EXAMINER: (28e. DATE OF (Month, D 28e. PLACE O building. N: To the best of on the best of e	INJURY ey, Your) F INJURY — etc. (Specify) my knowledge examination an	At home, term, ge, death occur nd/or investigat	4 Num ME OF JURY M street, fact red at the ti	28c. INJI WOI 1 Y ory, office	URY AT RK? (ES 2 and place with occur	NO NO	28t. LOC/ City of to the cause time, data	CRIBE HOW I	and Number or nner as stated, ad due to the c	Rural Rou	
BE COMPLETED BY	27. MANNER OF DEATH 1 Returel 5 Pen 2 Accident Inve 3 Suicide 8 Cou 4 Nomicide dete 29e. CERTIFIER (Check only one) 2 MEDICAL	nding setigation uid not be ermined	28e. DATE OF (Month, D) 28e. PLACE O building. N: To the best of on the best of complete of exampl	INJURY ey, Yoar) F INJURY — etc. (Specify) my knowled; xamination ar M. S SE OF DEATH . O	At home, term, ge, death occur nd/or investigati	4 Num ME OF JURY M street, tect red at the ti ion, in my o	28c, INJI WOI 1 VOICE YOUR YEAR OF THE AMERICAN THE AMERI	URY AT RK? (ES 2 [and place seth occur 29c, LICI	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28t. LOCAL City of to the ceur time, data	ATION (Street at Fown, State)	and Number or nner as stated, ad due to the c	Rural Rou	nd manner as atated.

STATE OF MARYLAN	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	'H		REG. NO.

FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAL HYGIEN		21 64221
1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH ANN	BLANDFOR	2D			2. DATE OF DEATH DO AUGUST 2		YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
217-44-1906	CILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						
824 Schumaker		sbury					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. Wice	omico		Y, TOWN OR L				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	OMITCO	36	TIPDL	101. ZIP CODE		T 40 - 017171	1 ☐ YES 2 NO
824 Schumaker	Dr. Apt	202		2180	1		5 . A .
11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	If ye	DECENDENT OF HISPA a, specify Cuben, Mexic YES 2 NO Speci		e or No—	I4. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		1200	USUAL OCCU- work done during se retired.)	g most of working	18b. KIND OF BU		
17. FATHER'S NAME (First, Middle, Last)		, Acg.	MATPE		Medi		
Louis Sell					eth Nei		ffer
Phyllis Davis	S				, Salisb		Md. 21801
20a. METHOD OF DISPOSITION 1 G-Burlal 2 Cremation 3 Famile 4 Donation 5 Other (Specify)		0b. PLACE AND DAT			DATE 20c. LO		ity or Town, State
EL SECHATURE OF FUNERAL SERVICE LIC)	22. NAN	E AND ADDRESS OF F	ACILITY		
22. PART i. Enter the diseases, or	complications that cause	ed the death. Do					
shock, or heart feilure. iMMEDIATE CAUSE (Final disease or condition			art	and the	2		Onset and De
resulting in death)	Myocardi DUE TO (OR AS	A CONSEQUENCE O	Fi:	wasire			nunce
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b. Coronary DUE TO (ON AS	A CONSEQUENCE O	rscren Pi Len io	Clipole			Year
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
PART II. Other significant condition	a contributing to death	but not resulting	in the under	lying cause given in		RMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	structions 3 DOA	OTHER:	18. PLACE OF DEATH (C			
27. MANNER OF DEATH	28e. DATE OF INJUR	y 28b, TR			28d. DESCRIBE HOW	INJURY OCC	URED
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year			WORK?	January How		
3 Suicide 6 Could not be determined	26e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, pecify)	street, factory,	office	28f. LOCATION (Street City or Town, State		or Rural Route Number,
	ICIAN: To the heat of my kny	owledge, death occur			e to the cause(e) and m		
(Check only	R: On the basis of examinat	tion end/or investigati	on, in my opin	on, 44411 04441 41			occording and manner are change
CONSTRUCTION OF THE PROPERTY O	ER: On the basis of examina	tion end/or investigati	on, in my opin	29c. LICENSE NO			SIGNED (Month, Day, Year)
(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIED	ER: On the basic of examinat	has	МО		JMBER		
(Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basic of examinat	DEATH (ITEM 27) (Typ	МО	29c. LICENSE NU	JMBER		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT OF			IENE . NO.	21	64771	
1. DECEDENT'S NAME (First, Middle, La Ernest	Wesley Broo	ke			2. DATE OF DEA MONTH	TH DAY	YEAR	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		A BIRTHPI	5:30 p ^N LACE (State or Foreign	
225-18-1527	XXM 2 □ F	77 YRS.	MONTHS DAYS	HOURS MIN.	2/13/	914	Country)	ginia	
9a. FACILITY NAME (If not institution, gi		//	AL OUTY TOWN	00 100171011 05 0					
				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE.					
Dorchester G	Dorchester General Hospital Cambridge Dorchest								
. 10a. STATE 10b. COL	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.								
Dorchester G RESIDENCE OF DECEDENT 10a. STATE 10b. COL Maryland	Dorchester	. (Cambrid	ge			١,	LIMITS?	
				01. ZIP CODE		10a, CI		IAT COUNTRY?	
126 Brohawn 1. Marital Status 1. Never Merried 2. Merried	Arronno			21613			US		
120 BEOTTAWIT		ER IN U.S. ARMED	13. WAS DI	CENDENT OF HISPA		Ify Yes or No		- American Indian	
1 Never Married 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C		If yes, s	specify Cuben, Mexic	an, Puerto Rican, si			- American Indian, White, etc. - White	
15, DECEDENT'S (Specify only highest grant (Specify only highest grant (O-12) 7 17. FATHER'S NAME (First, Middle, Last)	DUCATION	18s. DECEDENT	S USUAL OCCUPAT	TION	16b. KIND (OF BUSINESS/IN	IDUSTRY		
(Specify only highest g	College (1-4 or 5+)	(Give kind of life, Do NOT (work done during ruse retired.)	nost of working					
7		Lumber	Yard F	'oreman					
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, A	faiden Sumame)			
		S		Sus		stin			
100 INFORMANT'S NAME (Topo/Print)	COG DICON		G ADDRESS (Street	and Number or Rural			(p Code)		
Ernest D. Br	ooks			97 Mine					
20a. METHOD OF DISPOSITION	63100	20b. PLACE AND DA				Oc. LOCATION -		n State	
1X Burisi 2 Cremetion 3 F 4 Donation 5 Other (Specify)	lemoval from Stats	of cemetary, cremator			9/1 E			et,Md.	
21. SIGNATURE OF FUNERAL SERVICE	***LCENSEF	E. Mew					11027		
, ////	7		1	omas Fu					
the with	mer		700	Locust	St. Ca	mbrid	ge, Mc	21613	
Sequentially list conditions, if eny, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE	OF):				b		
PART II. Other algnificant cond	_	eth but not resulting		-	P	MS AN AUTOPS! ERFORMED? YES 2 1 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)				
1 WES 2 NO	1 inpatient 2 ER	NOutpatient 3 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Speci	(y)			
27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJ (Month, Day,)	URY 28b. Ti	NJURY	NJURY AT WORK? YES 2 NO	28d, DESCRIBE	HOW INJURY O	CCURED		
	be 28e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	, street, factory, of	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
CONSTRUCTION OF THE PARTY OF TH	HYSICIAN: To the best of my							and manner as stated.	
29h. SIGNATURE AND TITLE OF CENT	Wen's			29c. LICENSE NI	JMBER 749	29d. D/	SIGNED (Month, Day, Year)	
David G. Oliver	. /	of Death (ITEM 27) (To	pe, Print)	Cambridg	e, Mon	21613	1		
31. DATE FILED MONTH, Day, Year 9 1	an property and				1				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, yours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	REGISTRAR		CERTIFI	CATE C	F DEATH	REG.	NO.		
131	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	н	3. T	IME OF DEATH
- 17	WALTER	F.	BRECKENI	Ther		MONTH		YEAR	70 AM M
- 1	4. SOCIAL SECURITY NUMBER 5. S		In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	26,1991	DIDTUDI A	30 AM
				MONTHS DAY		(Month, Day, Yea	()	Country)	DE (State of Foreign
1	579-40-2922 x	M 2 🗆 F	94 YRS.			June 6	.1897	Ken	tucky
ì	9a, FACILITY NAME (If not institution, give street a	nd number)		9b. CITY, TOV	YN OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH	
œ	DUVCTCTANC MEM	ODTAL HOCD	TTAT	т л	DI ATLA			TADY T	
2	PHYSICIANS MEM	UKTAL HUSP	TIAL	LA PLATA CH					S
DIRECTOR	10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LO	CATION			10d	, INSIDE CITY
<u>E</u>		0 .							LIMITS?
	Maryland Charl	es co.	inc	lian	Head				TYES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	EN OF WHAT	COUNTRY?
8	103 Thompson Lan	e			2064	0	TT	.S.A	
Z	-	WAS DECEDENT EVER II	N II S ARMED	13 WAS	DECENOENT OF HISPAI				American Indien.
	1 Name Married 2 Married	FORCES? 1 YES	2 NO	If yes	, specify Cuban, Mexico	n, Puerto Ricen, etc		Black, Wh	rite, etc.
ΒX	3 🕅 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR D	ATES	10	YES 2 XNO Specif	y:		Specify:	lack
									Tack
COMPLETED	15. DECEDENT'S EOUCATIO (Specify only highest grade comp	ON Dieted)	16a. DECEDENT'S I	JSUAL OCCUI ork done durin	PATION g most of working	16b. KIND OF	BUSINESS/INDU	STRY	
E I		illege (1-4 or 5+)							
4		4	Proof F	ress	Operato:	r Gov.	Printi	ne O	ffice
\geq	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Ma			
		dan			THE WOTTER OWN		Lai		
BE	Steven Breckenr	rage				Nancy	Tone		
	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (St	eet and Number or Rural	Route Number, City o	r Town, State, Zip C	Code)	
2	Elizabeth B.Brown	1	103 1	homp	son Lane	Indian	Head.	Md.2	0640
	20. METHOD OF DISPOSITION	201			of cemetery, crematory or		c. LOCATION — CI		
	20e. METHOD OF DISPOSITION X Burial 2 Cremation 3 Removal	from State	other place)	M	rial Cem		C ! A ?	3 97	3
	4 Donation 5 Other (Specify)	1	Plucotu				Suitla	nd, M	d
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	1	22. NAM	E AND ADDRESS OF FA	Linn +	Funer	ol II	000
	+1970	14 5		0.0					
	1. seman	mm		28	01 7th S	t.N.E.W	ash.D.	C. 2	0017
	23. PART i. Enter the diseases, or com			ot anter the	mode of dying, aud	ch as cardiac or i	respiratory arre	st,	Approximate
	ahock, or heart failure. List	only one cause on e	each line.	-					interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Final	1	+ /	3/					Onset and Death
- 1	disease or condition resulting in death)	Nia	1 10	ulu			1		
		DUE TO OFF AS	A CONSEQUENCE OF	3:			1		
- 1		althur	ascer on			,			
6	Sequentielly list conditions, b	DUE TO (OR AS	A CONSEQUENCE OF	6					
Εl	If any, leading to immediate cause. Enter UNDERLYING			,					ĺ
2	CAUSE (Disease or Injury								
<u>E</u>	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					1
8	resulting in death) LAST								
CERTIFICATION									
	PART il. Other aignificant conditions co	ontributing to death i	but not resuiting i	n tha under	lying ceuse given in	Part i. 24s. W	S AN AUTOPSY		RE AUTOPSY FINOINGS
EDICAL							RFORMEO?		MILABLE PRIOR TO MPLETION OF CAUSE
ō						¹⊔Ÿ	ES 2 NO	OF	DEATH?
M						1		1[YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH (C	heck only one)			
$\overline{\circ}$	EXAMINER?	OSPITAL:	Copyre L	OTHER:	The second of				
S	1 YES 2 10 1	Inpetient 2 ER/Out	tpatient 3 DOA	4 - Nursing	Home 5 - Residence	a Other (Specif)	1)		
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28-	L INJURY AT WORK?	28d. DESCRIBE	IOW INJURY OCC	URED	
	1 Natural 5 Pending	(Month, Day, 1842)	1150		YES 2 NO				
BY	2 Accident Investigation	28e. PLACE OF INJUR	V At home form	dreat factors	office	284 LOCATION /S	Street and Number of	or Primi Pout	n Mumber
0	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	ecify)	Allest, Inctory,		City or Town,		J 110101 11000	a rearribal
E	Thorneroe Germined								
"	29a. CERTIFIER	i: To the best of my know	windon doub occurs	ed at the time	date and place, and du	e to the couse/e) or	d manner en elete	d	
N N	(Check only one) 2 MEDICAL EXAMINER: 0								
COMPL	2 MEDICAL EXAMINEN: U	n the basis of stamman	on alleger investigation	n, in my opin	ion, death occured at th	e time, date end pia	ce, end due to the) ceuse(e) ar	nd manner as stated.
E	29b. SIGNATURE AND TITLE OF CERTIFIER	X 1 /11	14,		29c. LICENSE NU	MBER	29d. DATE	SIGNEO (M	onth, Day, Year)
8	1	(\ ##	Paler	AL	D-2257	4	•	8/2	1.191
2	TO MAKE AND LEGERAL OF THE CONTROL OF	V V V		_	1 2237	•		-1 (411
	30. NAME AND ADDRESS OF PERSON WHO CO				40 1.74 7 = ===	1.00	0.4		
	ROBERT TIMOTHY PAG	E M.D.POS	1 OFFICE	BOX 2	49 WALDORF	MD. 206	04		
	31. DATE FILED (Month, Day, Year)	32. RECISTRAR'S SIG	NATURE	_					
	SEP 0 4 91	32. REGISTRAR'S SIG	don-Handel	2					
		1							



20042 10

	once.
	Ħ
	notified
	9
	must
	m 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
te Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal	nedical
rtion, o	the n
crema	went,
burlal	atic
orior to	traum
giene	other
Ŧ	6
Menta	njury.
and	À
ealth	60
H to	how
pt.	33
0	2

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las		ABLAN BO				DEATH		2. DATE OF MONTH SEF	DA		YEAR		ME OF DEATH P
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i		IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF		771	a. BIR		E (State or Foreign
4	575-28-5612	1 JM 2 DF	76		MONTHS	DAYS	HOURS	MIN.		Day, Year)	1914 GUAM			
DIRECTOR	9a. FACILITY NAME (If not institution, give	e street and number)		,	9b. CITY	r, TOWN O	R LOCATION	OF DEA		10	9c. COU	NTY OF		
	NATIONAL NAVAI	MEDICAL	CENTER			BET	HESDA	1			MON	ITGO	MER	Y
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COU			I son CITY	v TOWN	OR LOCATI	ON						104	INSIDE CITY
			ar La	100. 011	.,			Z III O	A.T					LIMITS?
	MARYLAND PR	INCE GEORG	F. S		FC		ZIP CODE	GTU.	N		10g, CIT	IZEN OF		COUNTRY?
	409 REXBURG	AVENUE					20	744						TATES
TOUR INC.	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S.	ARMED	13.	WAS DECE	ENDENT OF	HISPANI	C ORIGIN?	Specify Yes		14. RA	CE - A	merican Indian,
	1 Never Married 2 🔀 Married	FORCES?	YES 2 WAR OR DATES	□NO		If yes, spe	cify Cuban, 2 12 NO	Maxican	, Puerto Ric	en, atc.)		Bla	ack, While	la, etc.
	3 Widowed 4 Divorced	1938 -												UAMANIAN
	15. DECEDENT'S E (Specify only highest gra		16a. I	DECEDENT'S (Give kind of ville. Do NOT us	USUAL O	CCUPATIO	N st of working		16b. K	IND OF BUS	SINESS/IN	DUSTRY	/	
	Elementary/Secondary (0-12)	College (1-4 or 5	i+)	U.S.N						DEI	FENSE	7		
				U.S.N	AVI									
1	17. FATHER'S NAME (First, Middle, Last) JOSE SOF	RIANO BORJ	TA						AE (First, Mic A SOI			ΔN		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILINO	ADDRES	O (Ctront or								
	MARGIE L. BORJA						AVE.,							744
ï	20a, METHOD OF DISPOSITION		20h Pl A4	CE AND DATE					DATE	_	CATION —		Town, S	tota
10	*XXBurial 2 Cremation 3 R	amoval from Stata						9						TNTA
	PCXBuriel 2 ☐ Cremation 3 ☐ Ri 4 ☐ Donallon 5 ☐ Other (Specify) ☐ 21. SIGNATURE OF FUNERAL SERVICE			NGTON	NAT	IONA	L CEM		/9/91	ARLI	INGTO	N,		GINIA
	4 Donation 5 Dother (Specify)				NAT	TONA	L CEM	OE FAC	/9/91 LAS F	ARLI UNERA	NGTO	ON, OME	VIR	
	4 Donallon 5 Dither (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE FLORE ALL ALL ALL ALL ALL ALL ALL ALL	LICENSEE	ARLI	NGTON	NAT	GEOR 6160	L CEM GE P. OXON	KA HI	/9/91 LAS F LL RE	ARLI UNERA OXO	INGTO AL HO ON HI	ON, OME	VIR	.20745
	4 Donation 5 Dother (Specify)	LICENSEE /	ARLI	NGTON	NAT	GEOR 6160	L CEM GE P. OXON	KA HI	/9/91 LAS F LL RE	ARLI UNERA OXO	INGTO AL HO ON HI	ON, OME	VIR	20745 Approximata interval Between
	4 Donallon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE PLANE 23. PART I. Enter the decases, a shock, of heart failur IMMEDIATE CAUSE (Finel	or complications the	of cemeta ARLI	NGTON death. Do r	NAT	GEOR 6160	L CEM GE P. OXON	KA HI	/9/91 LAS F LL RE	ARLI UNERA OXO	INGTO AL HO ON HI	ON, OME	VIR	20745 Approximata interval Between
	4 Donallon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE FLORE 23. PART I. Enter the diseases, cancer,	or complications the List only one ca	of cemeta ARLI	MGTON death. Do r	NAT 22.	GEOR 6160	L CEM GE P. OXON	KA HI	/9/91 LAS F LL RE	ARLI UNERA OXO	INGTO AL HO ON HI	ON, OME	VIR	20745 Approximate interval Between
	21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, a shock, others failur IMMEDIATE CAUSE (Finel disease or condition	or complications the List only one ca	of cemeta ARLI	MGTON death. Do r	NAT 22.	GEOR 6160	L CEM GE P. OXON	KA HI	/9/91 LAS F LL RE	ARLI UNERA OXO	INGTO AL HO ON HI	ON, OME	VIR	20745 Approximata interval Between
	21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, cahock, of heert failure immediate or condition resulting in death) Sequentially list conditions,	or complications the List only one ca	of cemets ARLI Let caused the suse on each if IN STEM O (OR AS A CONS	death. Do r	NAT 222.	GEOR 6160	L CEM GE P. OXON	KA HI	/9/91 LAS F LL RE	ARLI UNERA OXO	INGTO AL HO ON HI	ON, OME	VIR	20745
	21. SIGNATURE OF FUNERAL SERVICE FLORE 23. PART I. Enter the diseases, of heert failured in deeth in the disease of condition resulting in deeth) 4 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, of heert failured in deeth in the disease of condition resulting in deeth)	or complications the List only one ca	of cemeta ARLI	death. Do r	NAT 222.	GEOR 6160	L CEM GE P. OXON	KA HI	/9/91 LAS F LL RE	ARLI UNERA OXO	INGTO AL HO ON HI	ON, OME	VIR	20745 Approximata interval Between
	4 Donallon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE ### Comparison of Funeral Service 23. PART I. Enter the diseases, of heert failure ### IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	b. DUE TO	of cemets ARLI Let caused the suse on each if IN STEM O (OR AS A CONS	death. Do rine. INFAR SEQUENCE OF	NAT 22.	GEOR 6160	L CEM GE P. OXON	KA HI	/9/91 LAS F LL RE	ARLI UNERA OXO	INGTO AL HO ON HI	ON, OME	VIR	20745 Approximate interval Between
	21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, of abook, of heert failured disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	of cemeta ARLI	death. Do rine. INFAR SEQUENCE OF	NAT 22.	GEOR 6160	L CEM GE P. OXON	KA HI	/9/91 LAS F LL RE	ARLI UNERA OXO	INGTO AL HO ON HI	ON, OME	VIR	20745 Approximata interval Between
)	23. PART I. Enter the diseases, a shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO DUE TO d.	of corpets ARLI ARLI Let caused the ruse on each it IN STEM O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do rine. INFAR SEQUENCE OF	NAT 22.	TONA GEOR 6160 r the mod	L CEM O ADDRESS O E P O XON de of dying	KAI HII	/9/91 LAS F LL RD	ARLI UNERA OXC	INGTO AL HO DN HI iratory ar	ON, OME LL,	MD	20745 Approximate Interval Betwee Onset end Dear
	23. PART I. Enter the deceses, on shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO DUE TO d.	of corpets ARLI ARLI Let caused the ruse on each it IN STEM O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do rine. INFAR SEQUENCE OF	NAT 22.	TONA GEOR 6160 r the mod	L CEM O ADDRESS O E P O XON de of dying	KAI HII	/9/91 LAS F LL RD	ARLI UNERA OXO	INGTO AL HO DN HI iratory ar	ON, OME LL,	MD.	Approximate interval Betwee Onset end Dea
	23. PART I. Enter the diseases, a shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO DUE TO d.	of corpets ARLI ARLI Let caused the ruse on each it IN STEM O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do rine. INFAR SEQUENCE OF	NAT 22.	TONA GEOR 6160 r the mod	L CEM O ADDRESS O E P O XON de of dying	KAI HII	/9/91 LAS F LL RD as cardia	ARLI UNERA OXC or respi	INGTO AL HO DN HI Iretory ar	ON, OME LL,	MD.	Approximate interval Betwee Onset and Dear
	23. PART I. Enter the diseases, a shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO DUE TO d.	of corpets ARLI ARLI Let caused the ruse on each it IN STEM O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do rine. INFAR SEQUENCE OF	NAT 22.	TONA GEOR 6160 r the mod	L CEM O ADDRESS O E P O XON de of dying	KAI HII	/9/91 LAS F LL RD as cardia	ARLI UNERA OXC ocor respi	INGTO AL HO DN HI Iretory ar	ON, OME LL,	MD.	Approximate interval Betwee Onset end Dear End Dear End Dear End Dear End Dear End Dear End Dear End Dear End Prior To Lable Prior To Pletion of Cause
	23. PART I. Enter the diseases, a shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO DUE TO d.	of corpets ARLI ARLI Let caused the ruse on each it IN STEM O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do rine. INFAR SEQUENCE OF	NAT 22.	TONA GEOR 6160 r the mod	L CEM O ADDRESS O E P O XON de of dying	KAI HII	/9/91 LAS F LL RD as cardia	ARLI UNERA OXC ocor respi	INGTO AL HO DN HI Iretory ar	ON, OME LL,	MD.	Approximate interval Betwee Onset end Dear E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE MEATH?
	23. PART I. Enter the diseases, a shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. BRAI DUE TO C. DUE TO d.	of compets ARLI Int caused the ruse on each if IN STEM O (OR AS A CONS O (OR AS A CONS	death. Do rine. INFAR SEQUENCE OF	NAT 22.	TONA GEOR GEOR 6160 r the mod	L CEM O ADDRESS O E P O XON de of dying	CEFACE KAI HII	/9/91 LAS F LL RD as cardia	ARLI UNERA OXC ocor respi	INGTO AL HO DN HI Iretory ar	ON, OME LL,	MD.	Approximate interval Betwee Onset end Dear E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE MEATH?
	23. PART I. Enter the diseases, a shock, of heart failur immediate cause. Enter the diseases or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO C. DUE TO d.	of cemeta ARLI	death. Do rene. INFAR SEQUENCE OF SEQUENC	not ente	TONA GEOR GEOR 6160 r the mod	L CEM o Appress GE P. GXON de of dylny	OF FACE KAI HII HII ATH (Che	/9/91 LAS F LL RD as cardid	ARLI	INGTO AL HO DN HI Iretory ar	ON, OME LL,	MD.	Approximate interval Betwee Onset end Dear E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE MEATH?
	23. PART I. Enter the deceases, a shock, or heert failure immediate cause. Enter the deceases, a shock, or heert failure immediate cause. Enter UNDERLYING CAUSE (Finel decease) or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions, if the cause is the cause of the cause in the cause in the cause in the cause is the cause of the cause in the cause in the cause is the cause of the cause in the cause in the cause is the cause of the cause is the cause of the cause is the cause of	b. DUE TO d. HOSPITAL: 1X Inpatiant 2 28e. DATE O	of cemeta ARLI	death. Do rine. INFAR SEQUENCE OF SEQUENC	OTHE	nderlying 26. PL FR: FR: FR: FR: FR: FR: FR: FR: FR: FR	L CEM D ADDRESS OXON de of dying g cause glv ACE OF DE	OF FACE KAI	/9/91 LAS F LL RD as cardia	ARLI	INGTO AL HO ON HI Iretory ar	ON, ME LL, rest,	VIRO	Approximate interval Betwee Onset end Dear E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE MEATH?
	23. PART I. Enter the diseases, a shock, of heart failur immediate cause. Enter the diseases or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d. HOSPITAL: 1 X Inpatient 2 28a. DATE C (Month, on)	of cemeta ARLI Instrument of the second of	death. Do rene. INFAR SEQUENCE OF SEQUENCE OF The sequence of the resulting	OTHE	nderlying 26. PL FR: rising Home 28. INJ	L CEM DADONESS OXON da of dying g cause glv ACE OF DE	OF FACE KAI	Part I. :	ARLI UNERA OXO Ic or respi	INGTO AL HO DN HI Iretory ar Injury oc	DN, DME LLL, reet,	VIRO MD	Approximate interval Betwee Onset and Dear E AUTOPSY FINDING LABLE PRIOR TO PLETON OF CAUSE PEATH?
	23. PART I. Enter the diseases, on shock, or heart failure important in the diseases of shock, or heart failure important in the disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the condition of the conditio	b. DUE TO c. DUE TO d. HOSPITAL: 1X Inpatient 2 28e. PLACE building	of corpets ARLI Int caused the ruse on each if IN STEM O (OR AS A CONS O (OR	death. Do rene. INFAR SEQUENCE OF SEQUENCE OF The sequence of the resulting	OTHE	nderlying 26. PL FR: rising Home 28. INJ	L CEM DADONESS OXON da of dying g cause glv ACE OF DE	OF FACE KAI	Part 1. :	ARLI UNERA OXC CO respi	INGTO AL HO ON HI Iretory ar Autopsy RMED? 2 💥 NO	DN, DME LLL, reet,	VIRO MD	Approximate interval Betwee Onset end Deal Per Per Per Per Per Per Per Per Per Per
	23. PART I. Enter the diseases, a shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other aignificant conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions, if any leading in death aignificant conditions, if any leading in death aignificant conditions are supported in the conditions are	b. DUE TO c. DUE TO d. HOSPITAL: 1X Inpatient 2 28e. PLACE building	of cemeta ARLI	death. Do rene. INFAR SEQUENCE OF SEQUENCE OF The sequence of the resulting	OTHE	nderlying 26. PL FR: rising Home 28. INJ	L CEM DADONESS OXON da of dying g cause glv ACE OF DE	OF FACE KAI	Part 1. :	ARLI UNERA OXC CO respi	INGTO AL HO ON HI Iretory ar Autopsy RMED? 2 💥 NO	DN, DME LLL, reet,	VIRO MD	Approximate interval Betwee Onset end Deal Per Per Per Per Per Per Per Per Per Per
COMPLETED DI TITOLOGIA: MEDICAL CETTI CONTON	23. PART I. Enter the deceases, a shock, or heart failur IMMEDIATE CAUSE (Finel decease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Could not determined.	b. DUE TO c. DUE TO d. HOSPITAL: 1X Inpatient 2 28e. PLACE building	of cemeta ARLI	death. Do rine. INFAR SEQUENCE OF SEQUENC	OTHE 4 Number of Survey M	nderlying 28. PL R: Irsing Hom 28. INJ	L CEM D ADDRESS GE P . O XON de of dyln; g cause glu ACE OF DE/ LE S Real URY AT I/ES 2	Ven in I	Part 1. :	ARLI UNERA OXC CO respi	I AUTOPSY RMED?	ON, ME LL, rest,	VIRO MD	Approximate interval Betwee Onset and Dear E AUTOPSY FINDING LABLE PRIOR TO PLETON OF CAUSE PEATH?

NATIONAL NAVAL MEDICAL MD 20889-5000 BETHESDA,

USNR

MC,

LT,

BALBONA

E

SEP 0 4 '91

REG. NO.

,	600	
BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the financiar after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

		1. DECEDENT'S NAME (First, A	Middle, Lest)	MARY ALI	CE BA	RTLETT	tle	T			2. DATE	OF DEATH	DAY OF	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBE	A	5. SEX		s. last birthday)	IF UNDER	_	IF UNDER	R 24 HRS.	7. DATE O	OF BIRTH	5- 9	8. BIRTHP	LACE (State or Foreign
		578-01-5276		1 🗆 M 2 💢 F	78	YRS.	MONTHS	DAYS	HOURS	MIN,	(Month)	26, 1	913	Country)	rgia
	~	9a. FACILITY NAME (If not inst					9b. CITY,	TOWN (OR LOCATI	ON OF DE				NTY OF DE	
	ō.	Holy Ci	COSS F	lospital			S	ilv	er Sj	pring	g		I	lontge	omery
sades	DIRECTOR	10e. STATE 10b. COUNTY					Y, TOWN O	LOCAT	TION						Od. INSIDE CITY LIMITS?
iit.		Maryland Montgomery 100. STREET AND NUMBER					Silver Spring					1 ☑ YES 2 ☐ NO			
physician. bunal-transit permit. Pages	FUNERAL	1037 Tanl	lev Ro	ad				101	2090 2090						AT COUNTRY?
physician. burial-tran	NO.	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED	13. W	AS DEC	ENDENT C	OF HISPAN	NIC ORIGIN	(Specify Ye		ISA 14. RACE -	- American Indien, White, etc.
g e	ED BY	1 Never Married 2 M 3 Wildowed 4 Divorce	ed	FORCES? 1 IF YES, GIVE Y					2 XNO		m, Puerto R y:	Ican, etc.)		Specify:	
or attendi	ETE	15. GECEI (Specify only I Elementary/Secondary (0-1)		completed)		(Give kind of life. Do NOT u	work done di	CUPATIO	ON ist of workin	ng	16b.	KIND OF BU	ISINESS/INC	USTRY	
the hospital of detached for once.	4PLE	1-12	2)	5 yea		_	lomema	akei	r			Own	home		
detach	COMPL	17. FATHER'S NAME (First, Midd	dle, Last)							HER'S NA	ME (First, M	iddle, Meider			
should be stiffed at	BE	Emory Ja		Moon								souri			
5 should	2	Henry A. B		tt		19b. MAILING									2001
age 6 may be director, page or must be	1	20e. METHOD OF DISPOSITION	N		20b. PLA	CE AND DATE	OF DISPOSIT	IOM/Ma	me of		DATE	Spri 20c. LC	CATION	O4 T	04-4-
ige 6 ma director, p r must		4 Donation 5 Donate (S	Specify)	1.	Fort	Linco	In C	emet	tery	8-	-31-9	l Br	entwo	od, N	ſd.
death. Pag funeral dia 1. examiner		21. SIGNATURE OF UNERAL	SERVICE CIC	1/ /	/		22. N	AME AN	ND ADDRES	SS OF FAC	CILITY	eral			
after de by the fu emoval.		Muy	11/1	MARQUE	-		1:	1800	N.H	I. Av	7e	Silve	r Spr	ing,	Md. 20904
ed within 24 completely filled, cremation, event, the	z	IMMEDIATE CAUSE (Fine disease or condition resulting in death)))	lat only one ceu	ise on eech	Ilne. Dia C NSEOUENCE O						6			Approximete Intervet Between Onaat and Dasth
e be execut sician and c nior to buni traumatic	ATIO	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	ate	DUE TO	(OR AS A COR	SEQUENCE O	F):								
th certificate anding phys Hygiene p or other	ERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	ISEOUENCE O	F):			-								
the deat y the atte d Mental injury,	O	PART II. Other significant	condition	contributing to	deeth but n	ot requition	in the und	a alvela a			D-44				
signed by leafth and we any in	MEDICAL					or resulting			J ceuse (iven m		24a. WAS AN PERFOI 1 YES	RMED?	, a	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
rSiCiAN: The law requires the certificate has been sign the State Dept. of Healt of or item 23 shows.	11										-			1	YES 2 NO
V: The law cate has the State Dept item 23	CIA	25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL				26. PL	ACE OF D	EATH (Che	ick only one)			
ICIAN: entifica the St	PHYSICIAN:	YES 2 NO		1 Inpatient 2	OSPITAL: OTHER: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)										
NG PHYS fler this c eath with marked,	ВУ РЕ	1 Natural 5 Pe	ending reatigation	28e. DATE OF (Month, D	ay. Year)		M	1 🗌 Y	RK? rES 2	ON [28d. DE\$C	RIBE HOW	NJURY OCC	URED	
R ATTEND RECTOR: A Ins after d m 28 ts	ETED		ould not be termined	28s. PLACE O building,	F INJURY — A etc. (Specify)	t home, term,	Hreet, fector	y, office			28t. LOCA City of	TION (Street Town, State)	end Number	or Rural Rou	te Number,
OSPITAL OR A JNERAL DIRE Ithin 72 hours INT: If Item	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIF	YING PHYSIC	CIAN: To the best of	my knowledge	, death occum Vor investigation	n, in my opi	nion, de	end place,	end due	to the caus	e(a) and me	nner ee atat	od. o couso(a) a	nd manner se stated.
TO THE HOSPI TO THE FUNEF DE filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF	a	· and	-	pre	0		29c. LICE	NSE NUM	BER SY	(_	29d. DATE	SIGNED (A	lonth, Day, Yeer)
	-	30. NAME AND ADDRESS OF P	PERSON WHO	1		(ITEM 27) (Type		co	1				100	H	nessen
6	ŀ	31. DATE FILED (Month, Day, Yes	er)	32. REGISTRA	R'S SIGNATUR	IE .	521	8	0	215	CON	251K	7 6	100	Coro
		AUG 3 0	'91			- Rand	elle.								
															OHMH-18 Rev 1/89

48543 10 engling to a single of the contract of the con

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.	The same
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm. Pare find within 72 hours after death with the State Deat of Health and Mental Hydiene prior to burial, cremation or removal.	by the funeral director, page 5 should be detached for use as the burial-transit permitted.	Same District
IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.	

	REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)	8	Best pi	tch		08 2	3 9	8:00 A M	
	4. SOCIAL SECURITY NUMBER S. S. S. S. S. S. S. S. S. S. S. S. S.	No.	74 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 22,	1917 F	COUNTRY COUNTR	
TOR	HOLY COSS	figzol	" Los	1	DER LOCATION OF DE	pring	9c. COUNTY	orth omesy	
DIRECTOR	10e. STATE 10b. COUNTY	+Gom!		OWN OR LOCAT	Spri	na		10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	2219 Georgi	an h	by #	23 101	209 C	コ	100	OF WHAT COUNTRY?	
BY	1 Namer Married 2 Married FORCE	ECEDENT EVER IN ES? 1 1 YES GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexice 2 X NO Spects	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify:	
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S US	done during mo		16b. KIND OF BU	SINESS/INDUST	RY	
COMPLETED	Elementery/Secondery (0-12) College (1-4 or 5+)	ite. Do NOT use re	ETARY		ADV	ERTISEM	(E:NT)	
OM	17. FATHER'S NAME (First, Middle, Last)		32020		18. MOTHER'S NA	ME (First, Middle, Melder			
BE C		ERWOOD			TA	MZON	UBER		
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			
	MARY E. STURMAN 200. METHOD OF DISPOSITION	20b.	304 CO		RD., VEF		SHINGT'C DCATION — City	ON 99037 or Town, State	
	1 Burlel 2 Cremetion 3 Removal from S 4 Donatton 5 Other (Specify)	State of ce	CROWN CRES	other place)		, , ,	EARFIEL		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 6	2	22. NAME AP	D ADDRESS OF FA			2091	
	Will Chame	engle	M00091	W. W.	CHAMBER	RS CO. INC	, SILV	ER SPRING, MD	
	23. PART I. Enter the disease, or complication abook, or heart failure. List only of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Fallop	oian tub	,		h aa cardiac or reep	olratory arreat,	Approximata Interval Between Onset and Death	
z		DUE TO (OR AS A	CONSEQUENCE OF):		•				
ATIO	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
	PART II. Other algnificant conditions contribu	uting to death bu	ut not reaulting in	the underlyin	a ceuse alven in	Part I. 24e. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
EDICAL					9		RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Z						_		T TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL -			LACE OF DEATH (C/	eck only one)			
YSI	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
	1 Naturat 5 Pending	DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WC	DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	EO	
ED BY	2 Accident Investigation 3 Suicide S Could not be detarmined detarmined 4 Homicide Could not be detarmined det								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the component of the component o							nuss(a) and manner as stated	
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	thes.	nl)		29c. LICENSE NU			ONEO (Morth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int) ff. 1	IW. W.	stungton,	DC.	20010	
	31. DATE FILED (Month, Day, Year) 330F	REGISTEAR S SIGNA							

. . .

9 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
etained by	q pinous	IDORTANT if flow 28 is morted or flow 22 shows one injury or other transmosts are an effect anomalous months to accept an acceptant of the security of the sec
пау ре г	r, page 5	of he m
Page 6	al directo	May conti
r death.	he funera	Awami
ours after) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fifled within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	incibes
nin 24 nc	ely filled nation, o	the m
rted with	complet	- avent
be exect	or to bur	Sumati
ruficate	ng physic	other to
death ce	ental Hy	יורע חרו
that the	d by the	nv infin
equires t	en signe of Health	howe 2
a law re	has bee Dept. o	23 el
AN: The	Difficate State	r item
HYSICI	his cert with the	had n
VDING P	: After t	le mar
NATTEN	RECTOR ITS after	# 28 H
TAL OR	ZAL DIF	It Har
HOSPI	FUNEF	TAMT
王	THE Fled	PO

BY

COMPLETED

MPORTANT: IL TO BE

223

24996 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF DEATH YEAR Daniel Η. Cauffman, Sr. Sept. A. 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2 F 63 182-22-5860 VDS Mont Alto, 19c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Peninsula General Hospital Salisbury Wicomico 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY DE Sussex Selbyville 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 34-D Canvasback Road 19975 U.S.A. 11. MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yea or No-It yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 X NO BY Specify: Specify: 3 Widowed 4 Divorced White Korean Conflict COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retred.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12th Foreman Machine Shop 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) J, Harvey Cauffman Verna Dull BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Doris R. Cauffman 34-D Canvasback Rd. Selbyville, DE 19975 20e. METNOD OF DISPOSITION
XXBuriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State tery, crematory or other press, . Zion Ceme. 4 Donation 5 Other (Specify) Mt. Zion Road, Waynesboro, Sept. 6, 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Bowersox ames G. Grove Funeral Home, Inc. Cames A. 50 S. Broad St. Waynesboro, PA 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition a Coronary Artery Disease resulting in death) years DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediata cause. Enter UNDERLYING
CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF INGS SE

resulting in death) LAST	d					
PART II. Other eignificant condition Coronary Artery	ns contributing to death but not resulting in the Bypass - 5 years		24•. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2√ NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATN (Check only one)					
EXAMINER?		OTHER:				

1 X YES 2 NO	Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify)					
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED		
3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, fac	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

Λ	, , , , , , , , , , , , , , , , , , ,	race, and don to the causa(a) and marries an married
29b. SIONATURE AND TITLE OF CERTIFIER		
THE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)

D03599

Deputy M.E.

3. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

John T. Bulkelev. M	D. 108 Pine Bluff Road, Salisbury, MI	
SEP 05 91	32. REGISTRAN GISTONATURE Pandalle	_

September 4, 1991

James a Browning

Xivory as march

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygens prior to burial, cremation, or removal. IMPORTANT: If Ilem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ath. Page 6 may be retained by the hos	neral director, page 5 should be detache	aminer must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNEKAL DIRECTOR. After this certificate has been signed by the attending physician and completely se fised within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremar MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, it	24 hours after de	filled in by the fion, or removal.	the medical ex
	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill a field within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the

i	1 - STATE OF MA		RTMENT OF H		MENTAL HYGIEN REG. NO.	9	24997
	1. DECEDENT'S NAME (First, Middle, Last) WALTER DESALES CRABTREE						3. TIME OF DEATH 91 6:50 Am
	4. SOCIAL SECURITY NUMBER 5. SEX 6.				7. DATE OF BIRTH	2, 19	BIRTHPLACE (State or Foreign
	705 10 7131 1 X M 2 □ F	76 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-7-1914		Country) MD
	9e. FACILITY NAME (If not institution, give atreet and number)	,,	9b. CITY, TOWN	DR LOCATION OF D		9c. COUNTY	
E	SACRED HEART HOSPITAL	SACRED HEART HOSPITAL				ATT	EGANY
K	RESIDENCE OF DECEDENT		CUMBEI	CLERTO		ALL	EGAN I
Ä	10a. STATE 10b. COUNTY	10c. CIT	TY, TOWN DR LOCA	TION			10d. INSIDE CITY
급	Maryland Allegany	01	dtown				1 TYES 2 NO
A	10a. STREET AND NUMBER		10	1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	Route 2 Box 66			21555		U.S.	Δ
FUNERAL DIRECTOR	11. MARITAL STATUS 12 WAS DECEDENT E	VER IN U.S. ARMED		CENDENT OF HISPA	NIC DRIGIN? (Specify Yes		RACE — American Indian, Black, White, atc.
	1 ☐ Never Married 2 ☒ Married FORCES? 1 ☐ IF YES, GIVE WAR	DR DATES		ecify Cuban, Maxico 3 2 X NO Specia	an, Puerto Rican, atc.)		Black, White, atc. Specify:
À	3 Widowed 4 Divorced			and the second	,		White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	BINESS/INDUST	RY
ᄪ	Elementary/Secondary (0-12) College (1-4 or 5+)	iffe. Do NOT u	work done during mass retired.)	on or working			
百	Unknown	Welder			Railroa	ıd	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
BEC	Elwood Crabtree			Ida Pi	latt		
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zip Coo	ie)
2	Josephine E. Crabtree	Route	2 Box	66 016	dtown, Md.	21555	
- 1	20a METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Removal from State	20b. PLACE AND DAT				CATION — City	
- 1	1 ABuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	of cemetary, cremator		8-29	5-91 S1a	nogyi 1	lo W Vo
	4 □ Donation 5 □ Other (Specify) Salem Cemetery 8-25-91 Slanesville, W. Va. 21. Signatume of Funeral Service Licensee 22. Name and address of Facility						.1e, w. va.
	My Dille		Mille	er Funera	al Home		
			Paw 1	Paw. W.	Za. 25434		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final						
	disease or condition resulting in desth)	ascular co-	llopee				munt
		R AS A CONSEDUENCE O	•				lana
Z		Ceval Fail					days
Ĕ	if any, leading to immediate	AS A CONSEDUENCE O	•				dans
3	CAUSE (Disease or injury	A AS A CONSEQUENCE O	NF.				o day,
E	that initiated events resulting in death) LAST	AS A CONSEQUENCE (orj:				
CERTIFICATION	d						
CAL	PART II. Other algorificant conditions contributing to de	ath but not rasulting	in the undarlylr	ng cause given in	Part i. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
	ling walyon	ica			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 1 123		OF DEATH?
2					—		1 TES 2 NO
BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL		28 0	LACE OF DEATH (C	hack only one)		
S	EXAMINER? HOSPITAL:	20.4	OTHER:				-
₹	27. MANNER OF DEATH 280. DATE OF IN.	R/Outpatient 3 DOA JURY 28b, Til		me 5 ∐ Residence	8 Other (Specify)	N HIPV COOKID	50
4	1 Natural 5 Pending (Month, Day,		IJURY W	ORK?	28d. DESCRIBE HOW	NJONT OCCON	EU
B	2 Accident Investigation	NJURY — At home, farm,			OR LOCATION CO		
COMPLETED	3 Suicide 8 Could not be building, etc		actory, one	**	28f. LOCATION (Street City or Town, State)	ind Number or F	HUREI PIOUTE NUMBER,
H	no. CERTIFIED						
P	29e. CERTIFIER (Check only one)						
ő	2 MEDICAL EXAMINER: On the basis of axan	nination and/or investigat	ion, in my opinion,	death occured at th	e time, data and place, ar	d due to the co	nuse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d, DATE SI	GNED (Month, Day, Year)
	(alloeins			D3341	7 (Md)	D 81	29(91
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE					-	
	1068 NATIONAL EM	Y- REAR	LA	VACE,	40 213	502	
	31. STE DED Magn. PO (94) Gaha Day door-	RIGHTIBE		-	-		
	2-1 0 3 1331 January						

Ar Atale

)
16	F	ij	ij	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permean	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitled at once.
	2	2	2	Ξ

1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
Shee To	ng CI	in			Sept. 1	1991	5:10p M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, BIR	THPLACE (State or Foreign ntry)
109-20-2870	1 M 2 OF 9	YRS.	ONTHS DAYS	HOURS MIN.	8-21-9	75 PA	ton ChinA
9a. FACILITY NAME (If not institution, give st	reet and number)	9	b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
Charles Con	rates hussi	in Home	LA DI	AtA W	d.	ChA	1/es
RESIDENCE OF DECEDENT	1 1100	7.7	12 /	, ,, ,,			1
10s. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
ma. C	narles	LA	PIA	TH			1 TES 2 NO
10e. STREET AND NUMBER	1. 1		10	f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
400 Butternut	でナ,			2064	6	45	ChinA
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No- 14. RA	CE — American Indian, ack, White, stc.
1 Never Married 2 Married 3. Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Specifi			ecity:
						10%	inese
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of wor	k done during m	ON osl of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				-		
-		Homema	ker		Home		
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Sumame)	
Unknown				Unkno	wn		
19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING A	DORESS (Street	and Number or Rural	Route Number, City or Tov	vn, State, Zip Code)	
PATTI Ligordako	1) Bethy Ou	400	Butte	hart C	+ LATIA	to me.	20646
20a. METHOD OF DISPOSITION		06, PLACE AND DATE O				CATION — City or	Town, State
192 Burial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	f cemetary, crematory of eritage	Memor	ial Par	k 9/6 Wa	ldorf.	MD
21. SIGNATURE OF FUNERAL SERVICE LIC		1	22. NAME A	ND ADDRESS OF FA	CILITY		
1.	01	1-			eral Hom		
Jan hu	(-like	214	P.O.	Box 56	7 La Pla	ta, MD	20646
shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Sur	A CONSEQUENCE OF):	AR	1Az i) EATY	ρ.	interval Batween Onset and Death
Sequentially list conditions, if sny, laading to immediata cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in daath) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	ble	Cardi	o Woon	la br	Hase
PART, Ii, Other aignificant condition	e contributing to death	but not resulting in	the underlyle	na ceuse alven in	Part i. 24a. WAS AI	N AUTOPSY 2	14b. WERE AUTOPSY FINDINGS
HILL OF JOIN	MAN. +	AMP 1	2100	wow	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Vigoria	7-01	1000	1/100	vsyoun	1 YES	2 (I) NO	OF DEATH?
- Will lesy	STATE IN	ACRO	<u> </u>		-	4	1 YES 2 NO
		U					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T	26. I	PLACE OF DEATH (C	heck only one)		
1 TYES 2 THE	1 - Inpatient 2 - ER/Ou	tpetient 3 DOA	Wursing Ho	me 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year,		OF 28c. If	JURY AT	286. DESCRIBE HOW	INJURY OCCURED	0.00
1 Natural 5 Pending 2 Accident Investigation			-M-1	YES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (Sp	RY At home, farm, str	eet, factory, off	ce	28f. LOCATION (Street City or Town, State		al Route Number,
4 Homicide determined						-	
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wiedge, death occurred	at the time, da	te end place, and du	e to the cause(s) and m	enner se stated.	
cont oray	RyOn the besis of examinat						e(a) and manner as stated.
	1						
29b. SIGNATURE AND TITLE OF CENTURES	1110			29c. LICENSE NU	MBER 7	29d. DATE SIGN	(Month, Dex Year)
CVVVS	1000			DESC	14		12/01
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) Type,	LALL	2 RI	CI SAA	-A MA	A 7062-
7 - KIN	JULY.	1-110	TO IX	e va 1	Marcia	MILLAN	6.4000-
31. DATE FILED (Month, Day, Year) CFD () J. 101	32. BEGISTRAR'S SK	SON-Randales	1.				
	Carlin Jaine	Many VIUM CARLO					

3. TIME OF DEATH

2355

BEG. NO

2. DATE OF DEATH

AUGUST 27,

COATES

FOR

1, 2, 3

Pages 1

BALTIMORE, MARYLAND 21215-0020 BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be P.0. RECORDS. this certificate has been with the State Dept. of I DIVISION OF VITAL DIRECTOR: After the hours after death v TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho

23

Item

6

marked,

64

28

Hem

5

1991 YEAR 4 SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 3-M 2 - F 579-46-4325 VRS. June 23 1936 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF GEATH SC COUNTY OF DEATH DIRECTOR Patuxent River Naval Hospital Patuxent River St. Mary's RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Calvert 1 YES 2 X NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1316 Bucks Lane 20657 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TYES 2 NO Specify: ΒY Specify: White 3 Widowed 4 Olvorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Grade 12 Printer Printing 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Delitha Coates Mabel Lambert 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Delores Ann Coates (wife) 1316 Bucks Lane, Lusby, Maryland 20657 20a. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name OATE 20c. LOCATION - City or Town, State Burlel 2 Cremation 3 Removal from State

Donation 5 Other (Specify) Resurrection Cemetery 8/30/91 Clinton, Maryland 4 Donation 5 United Service LICENSEE 22. NAME AND AGORESS OF FACILITY
Rausch Funeral Home, 4405 Broomes Isl. Rd; Port Republic, Maryland 20676 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. **Approximata** interval Between Onset and Death IMMEDIATE CAUSE (Final 1 e Myocarda L Insupction disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 [Y YES 2 | NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) DOA 27 MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending 1 YES 2 NO BY 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 171 15mB 2 D14285 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) II, M.D., WILLIAM D. BOYD. 17 JEFFERSON STREET, LEONARDTOWN, MARYLAND 20650 30 REGISTRAR'S SIGNATORS MENDELLE 31. DATE FILED (Month, Day, Year)
AUG 2 9 1991

TO BE COMPLETED BY FUNERAL DIRECTO

sou au	detache	once.
N II	e e	to
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept, of Health and Mental Hotiene prior to burial, cremarion, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9	50	2
ay be	page	t be
9 9	ector,	SILE
Pag	al dir	iner
death	fune	xam
after	y the	cal
OURS	d in b	ned
24	y fille	the
within	pletel	ent,
urted	Lial.	20
еже	to bu	umat
ate be	hysicia	r tra
ertific	ng ph	othe
ath c	tendi	, Or
he de	the a	njury
that t	ed by	any i
uires	Sign	S.M.C
₩ red	been of	3 she
ne fa	has	n 2
T :N	State	iter.
SICI	certi	0
PHY	r this	arked
DING	Afte	E I
TEN	after	28
OR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ful- be filled within 72 hours after death with the State Deot, of Health and Mental Hotiene prior to burial, cremation, or namoval	E
MIN	PA 52	=
HOSP	-UNE	ANI
Ή	HE A	ORT
2	2 3	Ξ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIENE	91 25000
	1. DECEDENT'S NAME (First, Middle, Last)					3. TIME OF DEATH
ı	CALVIN HENRY CROSS				MONTH DAY	YEAR
i	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	216-09-5907	1 XM 2 F	73 YRS. MO	THE DAYS HOURS MIN.	(Month, Day, Year) 6-12-18	Country)
ı	90. FACILITY NAME (If not institution, give	street and number)		MARYLAND		
	the state of the s			CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF DEATH
	RESIDENCE OF DECEDENT	NERAL HOSPITA	AL	SALISBURY		WICOMICO
	10e. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCATION		10d. thSiDE CITY
ł	MD WIG	COMICO	SA	LISBURY		LIMITS?
ı	10e. STREET AND NUMBER		UA	101. ZIP CODE		1 YES 2 NO
	1200 WOODLAND ROA	7.0				
ı	11. MARITAL STATUS	12. WAS DECEDENT EVER I		21801		U.S.A.
1	1 Never Merried 2 X Merried	FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex	PANIC ORIGIN? (Specify Yes o lcan, Puerto Rican, atc.)	or No— 14. RACE — American Indian, Black, White, etc.
1	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES 2 NO Spe	oolfy:	Specify:
I	15. DECEDENT'S EDU	ICATION	44 - DECEMBER 10			WHITE
ı	(Specify only highest grade	e completed)	(Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUSIN	NESS/INDUSTRY
ı	Elementary/Secondary (0-12)	College (1-4 or 5+)		rea.)		
l	ll Years		OWNER		AUTO F	PARTS DEALER
	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, Middle, Melden Su	rneme)
	ROBERT HENRY CRO)PPER		EDNA	RICHARDSON	CROPPER
ŀ	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADD	RESS (Street and Number or Run	al Route Number, City or Town,	State, Zip Code)
I	ELEANOR CROPPER			ODLAND ROAD	SALISBURY, M	
I	20a METHOD OF DISPOSITION 8 14 Surfel 2 Cremation 3 Hem	29-91 20b	PLACE AND DATE OF DE			ITION — City or Town, State
l	4 Donatton 6 Other (Specify)		netery, crematory or other o			The state of the s
Î	21. SIGNATURE OF FUNERAL SERVICE LIN	PENSEE	TOOMTOO TIL	22. NAME AND ADDRESS OF	FACILITY	ISBURY, MARYLAND
ı	· /11011	11 1)	HOLLOWAY FU	NERAL HOME	
J	WKH	Ulm/	1	501 SNOW HIL	L RD. SALISE	BURY, MD 21801
	IMMEDIATE CAUSE (Final	Liat only one cause on e	ach line.			Interval Batween
N	reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	L. 1/20 Vesta	are areas	sents days
ı		Langertt		Candina		
I	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF:	Curactora	2 ca (14 c) 17c	4123
ı	cause. Enter UNDERLYING		,			i
ŀ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):			
I	resulting in death) LAST		,			i
ı		0				
I	PART H. Other aignificant condition	a contributing to death b	ut not reaulting in th	e underlying cause given i		
H	I Leval La	illure -	Sex	cema	PERFORME	COMPLETION OF CALLER
	Caucosti	ve Fail	-	1.11.11	1 YES 2	OF DEATH?
	- Lung			116 116 120	75)	1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					
	EXAMINER? HOSPITAL: OTHER:					
ı	1 YES 2 NO	1 The Impatient 2 ER/Outp	etient 3 DOA 4 D	Nursing Home 5 - Residence	6 Other (Specify)	
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJU	URY OCCURED
	2 Accident Investigation			M 1 YES 2 NO		
ı	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)					
L	4 Homicide determined City or Town, Stete)					
Γ	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	adna death occurred at	the time data and store and d		
ı	(Check only one) 2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner es atated.					
F				, spinion, usadi occurse at th	ume, ume end place, end d	sue to the ceuse(s) end menner es stated.
-	296. SIGNATURE AND TITLE OF CERTIFIEF			29c. LICENSE N	UMBER 2	9d. DATE SIGNED (Month, Day, Year)
b	John 60	Julpelu	2 CN-11	1 1)0.	3599	8.26-91
	ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH TEM 27) (Type, Print)	-1 0	1 1	
L	Oh BW	Lley 1	ON WIN	Nuffeld	SOLUBLA	1 No 21801
	31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIGNA			77	11111
L	AUG 28 '91	Sicha Davidson	n-Randoll			

			FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			GIENE 9	1	25001
			1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		3. T	TIME OF DEATH
			E1WOOD 4. SOCIAL SECURITY NUMBER	G. Conway			- Correct Core	7-1			7:08PM
	(P		220-26-7818	1 X M2□F 59	YRS.	IF UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.		2-1931 M	Country)	ce (State or Foreign
,	\$	DIRECTOR	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN O	R LOCATION OF DE	HTA	9c. COUNTY	OF DEATH	н
śψ.	1, 2, 3		Wicomico RESIDENCE OF DECEDENT	Nursing HOme		Salis	bury		Wic	omico)
	ges 1	350	10a. STATE 10b. COUNT	Y	10c, CITY,	TOWN OR LOCAT	ION			100	I. INSIDE CITY LIMITS?
	#; %			mico	Sa	lisbur	ZV			1[YES 2 NO
	т реги	₹.	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	OF WNAT	COUNTRY?
	transi	FUNERAL	728 Richmond A	Ve	0 404450		21801	0.0010000	U.S.	A	
21203-3146	the inspiral or attentioning physician. detached for use as the burial-transit permit. Pages once.	BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	DECEDENT EVER IN U.S. ARMED CES? 1 YES 2 NO 13. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 YES 2 NO Speci			nn, Puerto Rican, etc.) Black, White, etc. Specify:			American Indian, hite, etc. Black
03-	Se as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		a. DECEDENT'S U	SUAL OCCUPATIO	N et of working	18b. KIND	OF BUSINESS/INDUS		
212	for u		Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)	a or worning				
9	detached for use		12		Cook			Nor			
A	be detach		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
RY:		BE	Elwood G. Conv	lay Sr	195. MAII ING A	DORESS (Street a	Daise-		Iones by or Town, State, Zip Co	vde)	
MARYLAND		2	Amanda Conway						Md 21		
m,	page t pe		20 METHOO OF DISPOSITION 1 A Burial 2 Cremation 3 Rem	20b. PI	ACE OF DISPOSI	TION (Name of cen	netery, crematory or		20c. LOCATION - City	y or Town,	State
IOH	rector, princector		4 Donation 5 Other (Specify)	noval from State	Gr	eenAcr	es.		Salisbu	ry,	Md.
Ĭ.	oeam. Fage o may be tuneral director, page 1.		21. SIGNATURE OF FUNERAL SERVICE LI	ID ADDRESS OF FAI	821 West Rd.						
BALTIMORE	ne fun al.		Bladys B.	Stewart		Clint	on F.	Stewar	rt-Salis	.Md.	21801
40	d in by the or removal	CERTIFICATION	23. PART i. Enter the discess, or shock, or heart fellure.	complications that caused the List only one cause on each	ne daeth, Do no	ot sater the mo	da of dying, suc	h ss cerdiac d	or reepiratory srres	t,	Approximate interval Between
1	filled i lion, or the m		IMMEDIATE CAUSE (Final			1. 1 T (Onset and Death
13146,			disees or condition resulting in desth)	B. DUE TO (OR AS A CO			Carction				ļ
	comp ial, cr		_				rosis				
	sician and control to burish to burish		Sequentially list conditions, if sny, leading to immediate	Coronary Artery Sclerosis DUE TO (OR AS A CONSEQUENCE OF):							
BOX	3 6 g 6		cause. Enter UNDERLYING CAUSE (Disesse or Injury	Previous Myocardial Infarction with cardiac							
9.	nding phy Hygiene p	F	thet initiated events resulting in desth) LAST	OUE TO (OR AS A CO					arrest		
P.0	e Had	SICIAN: MEDICAL CER	resulting in destity EAST	Permanent Brain Damage with anoxia							
RDS,	nat the death d by the atte and Mental ny injury, o		PART II. Other significent condition	ns contributing to desth but	not resulting in	tha underlying	g cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDINGS
ORI	ned by alth an							1 _	YES 2 NO	CO	MPLETION OF CAUSE DEATH?
RECO	requires the been signed of Health shows an		Щ							1[YES 2 NO
L	e law requires tr has been signed Dept. of Health 1 23 shows ar		OF UMB CASE DEFENDED TO MEDICAL	T		-				Ь_	
VITAL	State h	Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
>	certificate the State in the State	PHYS	27. MANNER OF DEATH	1 □ Inpatient 2 □ ER/Outpation 26a. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT		E HOW INJURY OCCUI	RED	
OF	fter this cath with	ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJU		YES 2 NO	Ì			
O	ATTENDING PHYSIUAN: The law requires to economic attentions to safer death with the State Dept. of Health 28 is marked, or Item 23 shows an	اما	3 Suicide 6 Could not be building etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Ric City or Town, States).								n Number,
DIVISION	OR ALTENDING DIRECTOR: After hours after death item 28 is ma	ш	4 Homicide determined					City or 15th	, 5.13.16)		
۵	Z Z Z =	COMPLET	one)	YSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. NER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and m					nd manner as stated.		
	TO THE HOSPIT TO THE FUNER DE filed within T	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ER		7 -	29c. LICENSE NUI	15-5			onth, Day, Year)
	5 5 8 W	0	20 NAME AND ADDRESS OF THE STATE OF THE STAT	T S TO SOUTH FEET OF THE STATE		7	D02	2026		08/29	9/91
			30. NAME AND AÓDRESS OF PERSON W	G. Arthes, MD			Pines	Renlin	, Md. 218	1 1	
			31. DATE FILED (Month, Day, Year)				i i illes,	Perittu	, ru. 210.	1.1	<u>-</u>
T	7		AUG 29 '91	32. REGISTRAR'S SIGNATION Davidson	n-Handale	•					
-				-	_						

- Randell

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is missed that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	6
1. DECEDENT'S NAME (First,	Middle, Last)		2. DATE OF DEATH		3. 1
Katarina	Α.	Chobanoff	Sept. 4, DAY	1991 T	

1	1. DECEDENT'S NAME (First, Middle, Last) Katarina A. Chobanoff 2. DATE OF DEA MONTH Sept.										3. TIME OF DEATH 2:15 A M			
													2:15 A M	
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. lest		MONTHS E		1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	"	
	219-30-9		1 □ M 2 X F 74		YRS.					Mar 6 1			oslavia	
FUNERAL DIRECTOR		9a. FACILITY NAME (If not institution, give street and number)						R LOCATIO	ON OF DE	ATH			DEATH	
	Magnolia G	Home	Lanham Prince Ge						Georges					
<u> </u>	RESIDENCE OF DEC	10b. COUNT	Y 10c			CITY, TOWN OR LOCATION							10d. INSIDE CITY	
E	Maryland Prince Georges												LIMITS?	
7	10e. STREET AND NUMBER	ges	Seabrook					10a, Cl	10g. CITIZEN OF WHAT COUNTRY?					
PA	10015 Troot						26		A					
N.	10015 Treetop Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.					ARMED 13. WAS DECENDENT OF HISPAI			2070	NIC ORIGIN? (Specify Yes or No- 14. RAC			A. E — American Indian,	
	1 Never Married 2 Married FORCES? 1 YES 2					NO If yes, specify Cuben, Maxico 1 ☐ YES 2 1 NO Specifi				en, Puarto Rican, atc.) Bia			sck, White, etc.	
B	3 🏋 Widowed 4 □ Dive		TES 2X NO Specify.							Cauc.				
COMPLETED	15. DEC	EDENT'S EDU	CATION completed)	18a. DE(CEDENT'S	USUAL O	CCUPATIO	ON at of worldn	nor.	16b. KIND OF BUSINESS/INDUSTRY				
Щ	Elementary/Secondary (College (1-4 or 5	Ma	ive kind of work done during most of working a. Do NOT use retired.)									
MP	12		0	T	Technician					De				
8	17. FATHER'S NAME (Flist, M									AE (First, Middle, Me				
BE	Ivan Kal									nella G				
2	19a. INFORMANT'S NAME (191	, MAILING	ADDRESS	S(Street a	and Number	or Rural R	loute Number, City o	Town, State, 2	(Ip Code)		
-	Rachel									anham, M				
	20a. METHOD OF DISPOSIT		noval from State	20b. PLACE other pla	E OF DISPOSITION (Name of cemetery, crematory or blace)					20c. LOCATION City or Town, State				
	4 Donation 8 Dother	r (Specify)		Res	urre	ection Cemetery 22. NAME AND ADDRESS OF FACILITY					Clinton, Maryland			
	21. SIGNATURE OF EUROSE	L SERVICE LI	CENSEE	/ ,		22.	NAME A	On H:	SS OF FAC	Funeral	Home			
	19/12	4240	Te	nde	_					is Rd.		M	20706	
	23. PART I. Enter the d	liseasea, or	complications th	at caused the da	ath. Do								Approximata	
	ahock, or heart fallure. List only one cause on each line.													
	IMMEDIALE GAUGE (FINE)													
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):												8	
NOI													MOHTHS	
	Sequentially list conditions,													
원	f any, leading to immediate cause. Enter UNDERLYING													
CATIC	cause. Enter UNDERLY	ING	c											
IFICATIO	cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	rING ury	cDUE TO	O (OR AS A CONSEC	DUENCE O	F):	-							
ERTIFICATIO	CAUSE (Disease or Inju	rING ury	c	O (OR AS A CONSEC	DUENCE O	F):								
- CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ring ury st	d				nde dvin	O CHUSA	given in	Part I 24a W	PAN AUTTOR	v 24	b WEDE AITTOPEN CINDANGS	
CAL CERTIFICATIO	cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	ring ury st	d				ndariyin	g cause	givan in	PE	S AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ring ury st	d	o death but not r	eaulting	in the u				PE		Y 24	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ring ury st	d		eaulting	in the u				PE	RFORMED?	Y 24	MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	cause. Enter UNDERLY CAUSE (Disease or Injury international country in the International Country Industrial Country Industrial Country Industrial Country Industrial Country Industrial Country Industrial Country Industria	ant condition	d	o death but not r	eaulting	in the u	D	U ER	SE	1 PE	RFORMED?	Y 24	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	cause. Enter UNDERLY CAUSE (Disease or Injection initiated events resulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER?	ant condition	d. na contributing to No. The contributing to the contributing to the contributing to the contributing to the contributing to the contribution t	o death but not r	eaulting Zun	in the u	26. P	LACE OF D	SE DEATH (Ch	PE 1 V	RFORMED?	Y 24	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	cause. Enter UNDERLY CAUSE (Disease or Injithat initiated events resulting in death) LASPART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 225500	ant condition	d. na contributing to SNLT HOSPITAL: I Inpatient 2	o death but not r	eaulting	OTHE 4 M Nu	26, PR:	LACE OF D	SE DEATH (Ch	PE 1 Y	RFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	cause. Enter UNDERLY CAUSE (Disease or Injithat initiated events resulting in death) LASPART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 222300 27. MANNER OF DEATH	ant condition TO MEDICAL	d	o death but not r	DOA 28b. TII	OTHE 4 M Nu	26. P Pt: nsing Hor 28c. IN.	LACE OF D	DEATH (Che	PE 1 V	RFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	cause. Enter UNDERLY CAUSE (Disease or Infitted events) that initiated events resulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 22 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	ant condition	HOSPITAL: 1 Inpatient 2 28e. DATE C (Month,	□ ER/Outpetlent 3 F INJURY Day, Year)	DOA 26b. TIN	OTHE 4 M Num	26. PR: raing Hor 28c. IN. W	LACE OF D	DEATH (Che	PE 1 Yi sok only one) 8 Other (Specify 28d. DESCRIBE H	REFORMED?	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLY CAUSE (Disease or Infitted events) that initiated events resulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2X2300 27. MANNER OF DEATH 1 Natural 5 2	ant condition TO MEDICAL Pending	HOSPITAL: 1 Inpatient 2 28e. PLACE	o death but not r	DOA 26b. TIN	OTHE 4 M Num	26. PR: raing Hor 28c. IN. W	LACE OF D	DEATH (Che	PE 1 Y	RFORMED? S 2(1) NO OW INJURY Of these and Number	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	cause. Entar UNDERLY CAUSE (Disease or Infitted events) that initiated events resulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1	ant condition TO MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28e. PLACE building	ER/Outpetlent 3 F INJURY Day, Year) OF INJURY — At hog, etc. (Specify)	DOA 28b. Till IN	OTHE 4 M Num	26. PR: rsing Hor 28c. IN. W 1	LACE OF D LACE OF D NO 8 Riv JURY AT DRK7 YES 2 [DEATH (Christian Christian	PE 1 YI Deck only one) 8 Other (Specify 28d. DESCRIBE K City or Town,	PRES 2012 NO OW INJURY Of treet and Numbers (1984)	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	cause. Entar UNDERLY CAUSE (Disease or Infi that initiated events reaulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 VES 22300 27. MANNER O DEATH 1 Natural 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only	ant condition ant condition To MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28e. PLACE building	o death but not r	DOA 28b. Till IN me, farm,	OTHE 4 M Number of JURY M	26. PR: raing Hor 28c. IN. 1 tory, offici	LACE OF D LACE OF D JURY AT JURY AT JURY 2 Lace a and place	DEATH (Christian Christian	PE 1 Yi sock only one) 8 Other (Specify 28d. DESCRIBE H 28f. LOCATION (S City or Town, to the cause(s) an	PRES AND NO NO NO NO NO NO NO NO NO NO NO NO NO	OCCURED or or Rural tated.	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	cause. Entar UNDERLY CAUSE (Disease or Infi that initiated events reaulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 VES 22300 27. MANNER O DEATH 1 Natural 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only	ant condition ant condition To MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28e. PLACE building	o death but not r	DOA 28b. Till IN me, farm,	OTHE 4 M Number of JURY M	26. PR: raing Hor 28c. IN. 1 tory, offici	LACE OF D LACE OF D JURY AT JURY AT JURY 2 Lace a and place	DEATH (Christian Christian	PE 1 Yi sock only one) 8 Other (Specify 28d. DESCRIBE H 28f. LOCATION (S City or Town, to the cause(s) an	PRES AND NO NO NO NO NO NO NO NO NO NO NO NO NO	OCCURED or or Rural tated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL	cause. Entar UNDERLY CAUSE (Disease or Infi that initiated events reaulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 VES 22300 27. MANNER O DEATH 1 Natural 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only	ant condition To MEDICAL Pending Investigation Could not be determined ATTIFYING PHYS DICAL EXAMIN	HOSPITAL: 1 Inpetient 2 28e. PLACE building SICIAN: To the best of	o death but not r	DOA 28b. Till IN me, farm,	OTHE 4 M Number of JURY M	26. PR: raing Hor 28c. IN. 1 tory, offici	LACE OF D ne 8 Ri JURY AT ORK? YES 2 [ce a and place death occur	DEATH (Christian Christian	PE 1 Yi 3 Other (Specify 2ed. DESCRIBE H 28f. LOCATION (S City or Town, to the cause(s) an	PRES AND NO NO NO NO NO NO NO NO NO NO NO NO NO	occured or Rural tated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	cause. Entar UNDERLY CAUSE (Disease or Infitted events) that initiated events resulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2X_3NO 27. MANNER OF DEATH 1 Netural 5	ant condition To Medical Pending Investigation Could not be determined ATTIFYING PHYS DICAL EXAMIN	HOSPITAL: 1 Inpatient 2 28e. PLACE building SICIAN: To the best of	DER/Outpetlent 3 DF INJURY Day, Year) OF INJURY — At hog, etc. (Specify) of my knowledge, de axamination and/or	DOA 26b. Till me, farm, eth occurrinvestigati	OTHE 4 M Number of Street, fac	26. PR: raing Hor 28c. IN. 1 tory, offici	LACE OF D ne 8 Ri JURY AT ORK? YES 2 [ce a and place death occur	DEATH (Che esidence NO NO NO NO NO NO NO NO NO NO NO NO NO	PE 1 Yi 3 Other (Specify 2ed. DESCRIBE H 28f. LOCATION (S City or Town, to the cause(s) an	PRES AND NO NO NO NO NO NO NO NO NO NO NO NO NO	occured or Rural tated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	cause. Entar UNDERLY CAUSE (Disease or Infitted events) that initiated events resulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 22 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEI	ant condition To Medical Pending Investigation Could not be determined ATTIFYING PHYS DICAL EXAMIN	HOSPITAL: 1 Inpatient 2 28e. PLACE building SICIAN: To the best of	DER/Outpetlent 3 DF INJURY Day, Year) OF INJURY — At hog, etc. (Specify) of my knowledge, de axamination and/or	DOA 26b. Till me, farm, eth occurrinvestigati	OTHE 4 M Number of Street, fac	26. PR: raing Hor 28c. IN. 1 tory, offici	LACE OF D ne 8 Ri JURY AT ORK? YES 2 [ce a and place death occur	DEATH (Che esidence NO NO NO NO NO NO NO NO NO NO NO NO NO	PE 1 Yi 3 Other (Specify 2ed. DESCRIBE H 28f. LOCATION (S City or Town, to the cause(s) an	PRES AND NO NO NO NO NO NO NO NO NO NO NO NO NO	occured or Rural tated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	cause. Entar UNDERLY CAUSE (Disease or Infitted events) that initiated events resulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2X_3NO 27. MANNER OF DEATH 1 Netural 5	ant condition ant condition To MEDICAL Pending Investigation Could not be determined ATTIFYING PHYS DICAL EXAMIN E OF CERTIFIE OF PERSON WITH	HOSPITAL: 1 Inpatient 2 28e. PLACE building SICIAN: To the best of ER: On the best of ER: HO COMPLETED CA. 9326]	o death but not read to be a control of my knowledge, de axamination and/or the control of the c	DOA 28b. Till in me, farm, eth occurrinvestigati	OTHE 4 M Number of JURY M street, fac	26. PR: raing Hor 28c. IN. 1 tory, office	LACE OF D LACE OF D No. 10	DEATH (Che esidence NO NO NO NO NO NO NO NO NO NO NO NO NO	PE 1 YI sck only one) 8 Other (Specify 28d. DESCRIBE H 28f. LOCATION (S City or Town, to the cause(s) an time, data and place #BER	OW INJURY Of treet and Numbers and due to \$29d. D. \$5	occured or Rural tated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	cause. Entar UNDERLY CAUSE (Disease or Infithat Initiated events reaulting in death) LAS PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 VES 2XXX00 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEI 25b. SIDMATURE AND TITL 30. NAME AND ADDRESS C	ant condition ant condition To MEDICAL Pending Investigation Could not be determined ATTIFYING PHYSION OF PERSON WITH THE PHYSION WITH T	HOSPITAL: 1 Inpatient 2 28e. PLACE building SICIAN: To the best of ER: On the best of ER: HO COMPLETED CA. 9326]	DER/Outpetlent 3 DF INJURY Day, Year) OF INJURY — At hog, etc. (Specify) of my knowledge, de axamination and/or	DOA 28b. Till in me, farm, eth occurrinvestigati	OTHE 4 M Number of JURY M street, fac	26. PR: raing Hor 28c. IN. 1 tory, office	LACE OF D LACE OF D No. 10	DEATH (Che esidence NO NO NO NO NO NO NO NO NO NO NO NO NO	PE 1 YI sck only one) 8 Other (Specify 28d. DESCRIBE H 28f. LOCATION (S City or Town, to the cause(s) an time, data and place #BER	OW INJURY Of treet and Numbers and due to \$29d. D. \$5	occured or Rural tated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,	



MPORTANT

Anil Ubeeror, MD.

31. DATE FILED (Month, Day, Year)

2

6		
		-2
ŀ		2
ì		5
		क
		9
		Ĕ I
		흥
		5
		ă
-		정
		Ē
		2
		E
		E
		8
	0	- 1
	DQL	23
	9	2
	8	E
	S.	2
	蒙	=
	ma	世
	5	81
	100	63
	ğ	žΙ
	2	ĔΙ
	0	15
	P	73
	음	2
0	gi	핑
	Î	8
	12	-
	Je .	51
	N	E
	S	>
	垂	6
0	ea	2
	=	2
	t,	6/2
	9	or item 23 shows any injury, or other traumatic event, the medical examiner mu
	9	E
	tal	9
	9	-
	£	-
	ŧ	9
	4	F
	eat	E
	20	99
	afte	8
	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Hilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	100	5
ł	2 4	=
b	1	

91 25004 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN Nora Harrington Craven 08 30 91 11:15 AM IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTNPLACE (State or Foreign A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) MONTHS DAYS HOURS MIN 04/11/1932 203 18 1557 59 Missouri 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Golden Tower Care Center DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Greenbelt 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? 7601 Mandan Road #304 20770 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KINO OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) Years Clerk Government 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) F. Harrington Alice McElwee BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pamela Taylor 7601 Mandan Road #304, Greenbelt, MD 20770 20s. METHOD OF DISPOSITION

1 Serial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, Btsta 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Crematory Silver Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gimbell J. B. Jenkins Funeral Home 7474 Landover Road, Landover, MD. 20785 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or reapiratory arrest, **Approximate** ahock, or heart failure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Carcinoma of Spine resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Neueogenic Bladder COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OBS-1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER: 4 Nursing Homa 8 - Rasidence 8 - Other (Specify) 1 - YES 2 - 100 1 🗆 Inpetient 2 🗆 ER/Outpetient 3 🗆 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Watural 5 Pending N/A N/A 1 YES 2 NO BY N/A 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Nomicida N/A N/A 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the firm, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIONED (Month Day Year) BE eeac D26748 2 COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

3830 Falls Road, Baltimore, Maryland

32. REGISTRAR'S SIONATURE

ulia Davidson-Randelle

DHMH-16 Rev 1/89